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# U.S. PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2009

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# U.S. PHILANTHROPIC SUPPORT TO ADDRESS HIV/AIDS IN 2009

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Funders Concerned About AIDS

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Please visit the FCAA website at [www.fcaaid.org](http://www.fcaaid.org) to view a table of the focus of funding by funder by geographical region (United States, international or both); a copy of the survey sent to funders that was used to obtain the data in this report; websites of top funders; and a complete list of all HIV/AIDS funders in 2009.

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## ACRONYMS AND ABBREVIATIONS

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**ADAP** = AIDS Drug Assistance Program

**ARV** = antiretroviral drug

**CDC** = U.S. Centers for Disease Control and Prevention

**EFG** = European HIV/AIDS Funders Group

**FCAA** = Funders Concerned About AIDS

**Global Fund** = Global Fund to Fight AIDS, Tuberculosis and Malaria

**GHI** = Global Health Initiative

**IDU** = injecting drug user

**MSM** = men who have sex with men

**NGO** = non-governmental organization

**NHAS** = National HIV/AIDS Strategy

**OVC** = orphans and vulnerable children

**PEPFAR** = U.S. President's Emergency Plan for AIDS Relief

**PLWHA** = people living with HIV/AIDS

**TB** = tuberculosis

**UN** = United Nations

**UNAIDS** = Joint United Nations Programme on HIV/AIDS

**WHO** = World Health Organization

**Note on text:**

All figures marked in \$ are U.S. dollar amounts.

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# EXECUTIVE SUMMARY

**A**fter years of increases, funding for HIV/AIDS from U.S.-based philanthropies was 5% lower in 2009 compared to 2008, with disbursements falling from \$618 million to \$585 million (a decrease of \$33 million). This is the first year since FCAA began tracking disbursements (in 2005) that funding decreased. Commitments (funding budgeted to be spent in a given year but not necessarily disbursed in that year) also decreased, dropping by 12% between 2008 and 2009.

Disbursements by the Bill & Melinda Gates Foundation represented 57% of all philanthropic HIV/AIDS giving in 2009, thus any change in their funding has a great effect on the overall total. Disbursements from the Bill & Melinda Gates Foundation for HIV/AIDS decreased to \$334 million in 2009, from \$378 million in 2008. Disbursements from all other funders actually increased from \$237 million to \$252 million (or 5%) from 2008 to 2009.

In the wake of the recent economic recession, flat or declining global and domestic government funding, and a growing need on the ground, any decrease is cause for concern. A recent report from UNAIDS and The Henry J. Kaiser Family Foundation found that funding for the global epidemic from donor country governments was essentially flat between 2008 to 2009, in contrast to prior increases in year-to-year funding since at least 2003.<sup>1</sup> Similarly, the decrease found in HIV/AIDS funding from the philanthropic sector between 2008 to 2009 also contrasts with the previous five years of year-to-year increases, and will need to be monitored closely to assess how it affects the HIV/AIDS response.

Key overall findings and highlights for 2009 include:

- Total disbursements (funding expended) from U.S.-based philanthropies decreased from \$618 million to \$585 million (or 5%) from 2008 to 2009. Total commitments (funding budgeted to be spent) also decreased, from \$417 million to \$367 million (or 12%).
- This decrease departs from prior year trends in which funding increased steadily since 2005, reaching its peak in 2008. Compared to 2005, disbursements by U.S.-based philanthropies were 81% higher in 2009 for all funders (from \$293 million in 2005 to \$532 million in 2009). However, over this five-year period, disbursements peaked in 2008 at \$570 million.<sup>2</sup>
- Funding for HIV/AIDS from the philanthropic sector is highly concentrated among a relatively small number of funders, with the top 10 funders accounting for 83% of all HIV/AIDS-related disbursements in 2009. The Bill & Melinda Gates Foundation alone accounts for 57% of all disbursements.
- Corporate funders represented 18% (\$106 million) of total 2009 disbursements (a slight increase from 16%, or \$100 million, in 2008) and 45% of all HIV/AIDS-related philanthropic funding from funders other than the Bill & Melinda Gates Foundation.

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1 UNAIDS and the Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009*. July 2010. Available at: [www.kff.org/hivaids/upload/7347-06.pdf](http://www.kff.org/hivaids/upload/7347-06.pdf)

2 For funders for which five years of funding data (2005–2009) are available. (These funders' 2009 total represents 89% of all funding in 2009.)

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Key findings on funding for international initiatives include:

- Most HIV/AIDS funding provided by U.S.-based philanthropies in 2009 (81% of disbursements) was directed to addressing the epidemic outside of the United States. Even without the Bill & Melinda Gates Foundation, which exclusively funds HIV/AIDS projects outside the U.S., the majority of funding (55%) by all other top funders was directed outside the United States. However, funding for international initiatives did decrease between 2008 and 2009 by \$48 million, or 9%.
- A majority of funders (61% in 2009) devoted some or all of their giving to addressing the international epidemic. Almost a quarter (23%) of funders provided funding exclusively for the international epidemic, although this is down from 2008 (32%).
- There were slight increases in funding provided to multilateral organizations including the World Health Organization (WHO) and other parts of the UN system, as well as in the Western and Central European region, from 2008 to 2009. Lesser amounts of funding were disbursed to Eastern and Southern Africa in 2009 compared with 2008 (\$190 million in 2008 and \$158 million in 2009); South Asia and the Pacific (\$82 million in 2008 and \$50 million in 2009); as well as Latin America (\$16 million in 2008 and \$12 million in 2009) and the Caribbean (\$4 million in 2008 and \$2 million in 2009). Funding to the Eastern Europe and Central Asia region also decreased, from \$19 million in 2008 to \$12 million in 2009, though it is considered the fastest-growing epidemic in the world, largely driven by injecting drug use.
- The biggest share of international funding went to research in 2009 (\$151 million, or 32% of all international funding), followed by prevention (\$132 million, or 28%) and treatment (\$74 million, or 16%). Compared with 2008, only funding for prevention increased by 18% (from \$112 million to \$132 million); funding for all other international intended use categories decreased from 2008 to 2009. Among funders other than the Bill & Melinda Gates Foundation, funding decreased to treatment (from \$40 million to \$26 million), research, social services and human resources, but increased to advocacy (from \$20 million to \$23 million) and to orphans and vulnerable children.

Key findings on funding for domestic U.S. initiatives include:

- Funding provided for the domestic epidemic rose slightly (from 16% of funding in 2008 to 19% in 2009), and a growing share of funders provided funding exclusively to address domestic HIV/AIDS in 2009 compared to 2008 (39% and 34%, respectively).
- As in previous years, the Northeast region of the United States received the largest share of domestic funding (47%) in 2009, a total of \$54 million compared with \$40 million the previous year. As of 2008, the region with the highest number of people living with HIV and AIDS was the South, which received 21% (or \$23 million) of U.S. domestic philanthropic HIV/AIDS funding.
- The biggest share of domestic funding went to research in 2009 (\$34 million), followed by HIV prevention (\$23 million) and social services (\$21 million). Funding to support domestic-based research more than doubled from 2008 to 2009. However, funding for domestic treatment initiatives fell 31% from 2008 to 2009 (from \$21 million to \$14 million), and funding

for domestic prevention programs declined by 15% from 2008 to 2009 (from \$27 million to \$23 million). These reductions are particularly threatening at a time when state funding for treatment and prevention programs has been slashed or eliminated since the economic crisis began.

Looking ahead, projections for 2010 suggest that total HIV/AIDS-related philanthropy funding levels will likely continue to decrease: 33% of the funders that answered this question forecast anticipated decreases for 2010, including the top funder, the Bill & Melinda Gates Foundation, which represented over half of all disbursements in 2009.<sup>3</sup> Thirty-eight percent of funders expect their HIV/AIDS-related disbursements to remain approximately the same or are unsure about 2010 funding levels, while 29% of funders expect their funding to increase in 2010.

<ul style="list-style-type: none"><li>● <b>More than 33 million people are currently living with HIV around the world.</b></li></ul>	<ul style="list-style-type: none"><li>● <b>More than 1 million people in the United States are currently living with HIV.</b></li></ul>
<ul style="list-style-type: none"><li>● <b>Approximately 60% percent do not know they are infected.</b></li></ul>	<ul style="list-style-type: none"><li>● <b>At least 20% of them do not know they are infected.</b></li></ul>
<ul style="list-style-type: none"><li>● <b>Over ten million people currently in need of treatment do not have it.</b></li></ul>	<ul style="list-style-type: none"><li>● <b>In the United States alone, there are 56,000 new HIV infections each year.</b></li></ul>

<sup>3</sup> A large portion of the expected decrease in HIV/AIDS disbursements from the Bill & Melinda Gates Foundation in 2010 will be a result of their procedure of disbursing both 2009 and 2010 commitments to the Global Fund in 2009. See page 36 for more detail about the Bill & Melinda Gates Foundation’s contribution to the Global Fund in 2009.



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## 2010 AND THE ROAD AHEAD

With few exceptions, no country escaped the global economic downturn that persisted throughout 2009. Most donor country governments and governments of low- or middle-income countries were unable or unwilling to increase funding support for health, including HIV/AIDS—and many went even further to announce reductions in funding in comparison with previous years. A report from UNAIDS and The Henry J. Kaiser Family Foundation found that funding for the global epidemic from donor country governments totaled \$7.6 billion in 2009, essentially flat from \$7.7 billion in 2008, and in direct contrast to the trend of double-digit percentage increases in funding in previous years since at least 2003.<sup>4</sup>

The HIV/AIDS funding crisis was the main theme and challenge discussed at the XVIII International AIDS Conference in Vienna, Austria in July 2010. The severity of the problem was such that it eclipsed some important good news, including a decline in new infections among youth (reported by UNAIDS); further evidence confirming the preventive impact of male circumcision and early access to antiretroviral treatment; and the release of the findings of the first scientific study showing statistically significant effectiveness of a vaginal microbicide.

The pull back in financial support thus represents a major challenge to advocates, service providers and patients in every country. The gap between the UNAIDS estimate of what was needed to respond to the global HIV/AIDS epidemic and what was available widened—to approximately \$7.7 billion in 2009, up from \$6.5 billion in 2008, and is expected to reach \$10 billion by 2010.<sup>5,6</sup> The health and survival of millions of people living with and vulnerable to HIV/AIDS depends on closing this funding gap.

The rapid and unprecedented increase in funding earlier in the decade supported the scale up of access to treatment and prevention services, thereby saving and prolonging millions of lives; reversing years of declines in average life expectancy in many nations; mitigating the debilitating effects of HIV-related stigma and discrimination; and instilling hope and vigor in individuals and communities that had long despaired. There is never a good time to reduce funding for health, but it is particularly disheartening when it occurs after millions in need have had their hopes and expectations raised.

The situation is increasingly dire for many even in the United States, the world's richest country and one in which HIV prevalence is relatively low among the general population. Some 56,000 people are newly infected with HIV every year, and high unemployment levels have forced more individuals to seek government-subsidized treatment and services, which are becoming increasingly unavailable. Though federal funding for the domestic epidemic was 4.3% higher in

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4 UNAIDS and the Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009*. July 2010. Available at: [www.kff.org/hivaids/upload/7347-06.pdf](http://www.kff.org/hivaids/upload/7347-06.pdf)

5 Ibid.

6 UNAIDS. *MDG6: Six things you need to know about the AIDS response today*. 2010. Available at: [http://data.unaids.org/pub/Report/2010/20100917\\_mdg6\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2010/20100917_mdg6_report_en.pdf)

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the 2009 fiscal year than the previous year,<sup>7</sup> the rise was not sufficient to counter the effects of many states' fiscal crises and to meet increased demand for treatment and care.

The National Alliance of State and Territorial AIDS Directors (NASTAD) has reported that state budget cuts for HIV/AIDS programs and services topped \$170 million nationwide in 2009, and additional cuts are expected in many 2010 budgets. The 2009 gap alone exceeds the total philanthropic funds provided to U.S. domestic HIV/AIDS in 2009 by 34%. Cutbacks were reported in more than a third of all state AIDS Drug Assistance Programs (ADAPs) in 2009.<sup>8</sup> The main impact has been that some HIV-positive people in need of antiretroviral medicines cannot obtain them through government programs: as of September 2010, more than 3,500 PLWHA in 11 states were on waiting lists for medication assistance, and many other states have implemented other cost-containment strategies<sup>9</sup>. Though the Obama Administration promised \$25 million as emergency funding for ADAP, this will likely only partially offset the effects of state-level budget shortfalls. As is often the case, lower-income individuals suffer disproportionately as access to medicines shrivels and other key services, such as community outreach programs, are disbanded or radically defunded.

With the passage of national health care reform under the Affordable Care Act, which, among other things, will provide expanded coverage to millions of Americans including PLWHA, and the release of a long-awaited National HIV/AIDS Strategy (NHAS)<sup>10</sup> by the Obama Administration outlining specific goals and commitments to address the U.S. epidemic, important milestones have been reached. One key commitment in the NHAS is to reduce domestic U.S. HIV infections by 25% in five years, and the plan focuses on three main approaches to achieve that goal: reducing HIV incidence, increasing access to care, and reducing HIV-related health disparities.

The Office of National AIDS Policy (ONAP) has stressed that collaboration across sectors is essential to achieving the outlined goals of the NHAS, and in May of 2010, invited leading members of the business, philanthropy and HIV/AIDS service and advocacy communities to the White House to discuss the role of public-private partnerships in addressing the domestic HIV/AIDS epidemic, as well as to highlight innovative programs currently funded by the private sector that align with the goals of the NHAS. ONAP has also invited members of these sectors - including private philanthropy - to serve on a committee to monitor the progress on the strategy's implementation. However, despite these new opportunities for philanthropic leadership defined within the NHAS, private funders alone cannot close the gap between available resources and need unless the recent cutbacks at state and community levels are reversed. The additional

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7 The Henry J. Kaiser Family Foundation. *U.S. Federal Funding for HIV/AIDS: The FY 2009 Budget Request*. April 2008. Available at: [www.kff.org/hiv/aids/upload/7029-041.pdf](http://www.kff.org/hiv/aids/upload/7029-041.pdf)

8 National Alliance of State and Territorial AIDS Directors (NASTAD). *Final Report on FY 2009 State Budget Cuts*. April 2010. Available at: [www.nastad.org/Docs/Public/InFocus/2010415\\_FINAL%202009%20NASTAD%20State%20Budget%20Cuts%20Report%20March%202010.pdf](http://www.nastad.org/Docs/Public/InFocus/2010415_FINAL%202009%20NASTAD%20State%20Budget%20Cuts%20Report%20March%202010.pdf)

9 National Alliance of State and Territorial AIDS Directors (NASTAD). *ADAP Watch Update*. September 2010. Available at: [www.nastad.org/Docs/Public/InFocus/201097\\_ADAP%20Watch%20Update%20-%209.7.10.pdf](http://www.nastad.org/Docs/Public/InFocus/201097_ADAP%20Watch%20Update%20-%209.7.10.pdf)

10 Available at: [www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/](http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/)

investment required to achieve all of the current stated objectives of the NHAS over the next 5 years is estimated at approximately \$15.175 billion.<sup>11</sup> Health care reform expansion will not go into action until 2014, and ADAP and other services for low-income PLWHA will likely need further emergency funding in the meantime.

In terms of external aid, the Administration has also released more details about the new Global Health Initiative (GHI), an umbrella structure that incorporates all funding for global HIV/AIDS as well as other U.S. global health programs including TB, malaria, maternal and child health, and nutrition. The aim of GHI is to take a broader and more integrated approach to health by improving coordination and harmonization across domestic government agencies as well as partner organizations and recipient governments. The Administration proposed \$63 billion for the GHI over six years,<sup>12</sup> with an estimated \$51 billion of that for PEPFAR, including HIV/AIDS, the Global Fund, and TB, as well as malaria. The impact of the GHI consolidation is not yet clear, however, and in fiscal year 2010, funding for PEPFAR did not increase as much as it did year-to-year between 2006 and 2009. Given that the U.S. government is the world's largest donor to the HIV/AIDS response, providing nearly 60% of total government donor funding in 2009, any changes in funding patterns have dramatic consequences.

For the Global Fund, the U.S. government recently committed \$4 billion over the next three years, which represents a 38% increase from its previous contribution and is a larger percentage increase than any other donor government that pledged (though it remains to be appropriated). Despite this essential commitment from the U.S., its largest funder, the Global Fund currently faces desperate underfunding. In total, donor governments from 40 countries pledged \$11.7 billion for the next three years, not reaching even the \$13 billion "austerity" target the Fund needs to keep treatment levels at their current rates. As a result, targets set for enrolling several million more people on antiretroviral drugs by 2013 will likely have to be lowered, while 10 million people already currently in need are not receiving lifesaving treatment.

Recent funding decline can also be observed in the wider world of philanthropy. A 2010 report from the Foundation Center revealed that among 75,000 foundations tracked, total funding in 2009 was 8.4% lower than in 2008, the largest year-to-year decrease on record.<sup>13</sup> Moreover, the foundations tracked forecasted that their funding would remain flat in 2010. While the Foundation Center's report covered all funding priorities, the trend also holds true for HIV-specific funding. Not surprisingly, according to the *Chronicle of Philanthropy*, overall charitable donations in the U.S. (including individual fundraising and giving to United Ways) dropped by 11% in 2009—the biggest decrease on record in two decades.

11 Holtgrave, David R. "On the Epidemiologic and Economic Importance of the National AIDS Strategy for the United States." *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 11 August 2010. Published ahead of print as PDF at: [http://journals.lww.com/jaids/Abstract/publishahead/The\\_Prevalence\\_and\\_Clinical\\_Course\\_of.99049.aspx](http://journals.lww.com/jaids/Abstract/publishahead/The_Prevalence_and_Clinical_Course_of.99049.aspx)

12 USAID press release. "U.S. Government Support for Global Health Efforts." June 18, 2010. Available at: [www.globalhealth.gov/news/news/06182010.html](http://www.globalhealth.gov/news/news/06182010.html)

13 Foundation Center. *Foundation Growth and Giving Estimates, 2010 Edition*. Available at: <http://foundationcenter.org/gainknowledge/research/pdf/fgge10.pdf>

As the largest philanthropic funder for HIV/AIDS, the Bill & Melinda Gates Foundation exerts a singular influence, representing more than half of all disbursements in 2009. While their HIV/AIDS funding was 12% lower in 2009 than 2008, the Bill & Melinda Gates Foundation is expected to continue to play an unparalleled role in fighting the pandemic. Yet this year's data emphasize the urgent need to grow the field of HIV/AIDS philanthropy by engaging new and renewed grantmakers in its effort. The total number of top funders—those giving \$300,000 and above to HIV/AIDS—has decreased by 15 organizations since 2007, and with the top 10 funders accounting for 83% of total disbursements in 2009, even minor shifts by these leading funders can have an enormous effect on the sector at large.

The narrowing numbers of names in Table 1 reflect a trend that has been occurring in the past several years, with funders such as the Rockefeller Foundation and the Doris Duke Charitable Foundation moving away from HIV/AIDS-specific funding to focus on global health systems. Another notable shift will be from the Ford Foundation—currently the second largest HIV/AIDS funder—who ended its Global HIV/AIDS Initiative in September 2010, a five-year pilot that resulted in funding of more than \$22 million in international HIV/AIDS-related disbursements in 2009 alone.

Given the field's vulnerability, it is encouraging that this year's report also announces the welcome addition of a new top 10 funder—The Phillip T. and Susan M. Ragon Institute Foundation, which has promised \$100 million over the next ten years to create an institute dedicated to AIDS vaccine research, and made an initial grant of \$18 million in 2009.

It is also highly encouraging that funders other than the Bill & Melinda Gates Foundation increased disbursements by approximately 5% in 2009 compared with 2008. Though HIV/AIDS-related private philanthropy in the United States and Europe represents less than a tenth of the total international assistance to address the HIV/AIDS epidemic at this time<sup>14</sup>, the funds reported herein are critical to preventing HIV infection and to saving and improving the lives of those affected by HIV/AIDS. The commitment of these profiled organizations underscores the importance of HIV/AIDS funders continuing to exercise leadership and identifying potential new sources of funds and strategies that will allow them to adapt to the demands and limitations of this epidemic.

In our current year, there has been increased evidence of HIV/AIDS funders working in collaboration to address populations most in need. For example, a monumental new public-private partnership model, the Obama Administration's Social Innovation Fund<sup>15</sup>, awarded a \$3.6 million dollar grant to the National AIDS Fund to expand its Access-to-Care (A2C) Initiative for PLWHA in July 2010. This innovative grant was one of 11 total grants and one of three awarded by the Social Innovation Fund in the "healthy futures" area – and the only specific to HIV/AIDS,

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14 UNAIDS. *UNAIDS Outlook 2010: Fresh perspective on the AIDS epidemic and response*. November 24, 2009. Available at: [www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20091124\\_outlook\\_2010.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2009/20091124_outlook_2010.asp)

15 [www.nationalservice.gov/about/serveamerica/innovation.asp](http://www.nationalservice.gov/about/serveamerica/innovation.asp).

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representing the “single largest award for HIV/AIDS made in decades by the federal government from new money and non-AIDS-specific funds.”<sup>16</sup>

The National AIDS Fund’s A2C Initiative was launched with new funding from partners Bristol-Myers Squibb and the Walmart Foundation to increase the access and consistent utilization of effective HIV healthcare by PLWHA, particularly those living in poverty, who know their status but are not receiving HIV-specific care or support. As the Social Innovation Fund requires a 3:1 public-private funding match, all grantees will be required to provide a local 1:1 dollar match toward their grant awards, providing an exciting new opportunity for public and private funders to partner on increasing access-to-care at the community level, one of the goals set in the National HIV/AIDS Strategy.

FCAA provides an array of forums for best practice sharing and offers the following collected wisdom to assist funders in maximizing their impact in this challenging environment:

- **Increase funding to HIV/AIDS.** The bottom line is that the AIDS response needs more resources to save lives and rejuvenate efforts to halt the epidemic, both domestically (in the United States) and abroad.
- **Use tools and approaches beyond writing checks:**
  - Identify and maximize power to influence policymakers, other funders, media and the public
  - Create and sustain partnerships and coalitions to increase leveraging power and to share resources
- **Build capacity and sustainability** by funding general or core support, leadership development, technical assistance, and advocacy initiatives that strengthen direct community-level participation in shaping policies.
- **Support human rights-based approaches.** Private philanthropy must work to ensure access to members of marginalized and vulnerable populations that many governments and donors ignore or refuse to support (e.g., MSM, IDUs, sex workers, transgendered people, and migrants).
- **Integrate programs.** Approaches are needed that consider the interdependent aspects of health care, and unite them under fewer yet more comprehensive, coordinated programs.
- **Make clear and precise commitments** and implementation plans, and be accountable to them.
- **Evaluate programs and adapt to a changing epidemic or context.** The HIV epidemic is widely varied in different settings and is also constantly changing. It is therefore critical to evaluate programs regularly to ensure that they are reaching those most at need, and in the most effective and comprehensive ways possible.

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<sup>16</sup> Visit [www.aidsfund.org/2010/07/22/national-aids-fund-receives-36-million-social-innovation-fund-award-from-corporation-for-national-and-community-service-for-access-to-care-initiative/](http://www.aidsfund.org/2010/07/22/national-aids-fund-receives-36-million-social-innovation-fund-award-from-corporation-for-national-and-community-service-for-access-to-care-initiative/) to read more about this project.

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- **Be efficient.** Make the best use of the resources available and focus on the most effective interventions.
  - **Build from successes and prioritize evidence-based interventions.** Money cannot afford to be wasted; programs should be evidence-based and proven to work (e.g., harm reduction initiatives to reduce HIV transmission risk among IDUs).
  - **Share best practices,** product information, and other resources—and do so widely and transparently.
  - **Rise to the challenge.** This can be done, and better. Let's remain optimistic and committed to improving the response to HIV/AIDS.

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# ABOUT FCAA AND THIS REPORT

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## About FCAA

Founded in 1987, Funders Concerned About AIDS (FCAA) is the only U.S.-based organization comprised of and for **private philanthropic institutions** concerned about, engaged in or potentially active in the fight against HIV/AIDS. Our mission is to mobilize the leadership, ideas, and resources of U.S.-based funders to eradicate the HIV/AIDS pandemic—domestically and internationally—and to address its social and economic consequences.

Early in 2009 the board of FCAA gathered to undertake a strategic assessment of the role of FCAA amidst the ever-changing landscape of HIV/AIDS and the new economy. This process led to a recommitment to ensuring that FCAA was prepared to play the essential role of convening and informing the U.S. philanthropic response to HIV/AIDS in hopes of fostering collaboration in a time of diminishing resources. After the successful conclusion of our inaugural annual gathering in September 2009, we forged a new programming approach and 2010 work plan in response to funder priorities:

- Monitoring, reporting on and convening funders around the development of key initiatives affecting HIV-related efforts, such as: the Obama Administration's **Global Health Initiative**, the development and implementation of the **National HIV/AIDS Strategy** and **healthcare reform**.
- A special focus on understanding and communicating the impact of state and local budget cuts on the work of AIDS Service Organizations around the country—and to spotlight geographies and populations at-risk, such as Oakland, CA. Read more about these efforts on page 28–29.
- **Building bridges between HIV/AIDS and reproductive health funders** by partnering with our affinity group colleagues at the Funders Network on Population, Reproductive Health and Rights, to explore issues at the intersection of our mutual networks' focus on HIV-positive women.
- **Developing connections between US, EU and global funders.** This publication is the result of a now five-year collaboration between FCAA, our sister organization the European Foundation Centre's European HIV/AIDS Funders Group (EFG), and UNAIDS to harmonize our collective approaches to resource tracking and to present the most accurate possible picture of global HIV/AIDS-related institutional philanthropy. Further yet, FCAA and EFG brought together more than 200 private and public grantmakers from across the United States and Europe in an effort to increase networking, find commonalities and explore ways of working together to address HIV/AIDS more effectively. Read more on page 18.
- Providing a platform to support and coordinate efforts for domestic HIV/AIDS advocacy through our newly formed **Domestic Advocacy Working Group**. Co-chaired by AIDS Foundation of Chicago and the John M. Lloyd Foundation, this group of more than 20 leading domestic HIV/AIDS grantmaking institutions is exploring opportunities to convene partners in the philanthropic and advocacy communities to shine a light on urgent gaps within domestic AIDS advocacy that merit additional private support.
- And finally, on December 6th, 2010, FCAA will convene a special gathering in Washington D.C.—the **2010 AIDS Philanthropy Summit**—to offer our constituents the opportunity to once again meet face-to-face with their peers, review the work, issues and news that shaped 2010, and together chart the course of FCAA's programming for 2011.

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FCAA is dedicated to the idea that wherever and whenever possible, our work should be conducted in strategic partnerships in order to expand our reach and impact. Our most essential partnership remains that with the more than 1,500 grantmaking institutions that comprise our constituency. Their impact is reflected in this report, both in dollars, and in the examples of innovation profiled throughout, from an institution recently honored for their human rights-based approach to grantmaking, to a new initiative working to integrate and evaluate HIV/AIDS prevention and family planning services together in Africa. We thank all the organizations that participated in this and previous year reports. Your important contribution not only makes this publication possible, but also makes the important political statement that HIV/AIDS-focused philanthropic funding is necessary and essential to ending this pandemic.

### **About This Report**

This is FCAA's eighth annual publication providing data and analysis on HIV/AIDS-related philanthropic giving by U.S.-based philanthropic institutions, including private, family, and community foundations; public charities; and corporate grantmaking programs. This edition covers funding disbursements made in 2009. All information in this report is accurate and current as of September 2010. This year's *Top U.S.-Based HIV/AIDS Funders* list includes 67 U.S. HIV/AIDS philanthropic entities, each of which disbursed \$300,000 or more to HIV/AIDS in 2009. Where possible, FCAA has observed trends in grantmaking among these top funders.

#### *A Few Notes:*

- Some funders receive substantial funding from government sources to implement HIV/AIDS programming or distribute funds to other programs. While such public/private partnerships are undeniably valuable in ensuring that funds are allocated effectively, government funds (which are tracked and reported by Kaiser Family Foundation and UNAIDS) are not included in total grantmaking reported here because this report focuses exclusively on private sector philanthropy.
- As noted in Table 1, some funders reported that they received financial resources from other funders tracked by FCAA. At least some of these funds were used to support HIV/AIDS-related funding to other institutions. In order to avoid double-counting, the top grantmakers' total in Table 1 reflects a reduction of \$14,955,747 to correct for reported re-granting of funds from one FCAA-tracked top grantmaker to another.

FCAA's resource-tracking work is intended to contribute to a critical and thoughtful assessment of the total U.S.-based philanthropic investment in HIV/AIDS. By building upon HIV/AIDS grantmaking information reported by the Foundation Center and Foundation Search, and collecting other types of detailed data directly from the HIV/AIDS funders, FCAA's goal is to create an easy-to-use, comprehensive, and informative publication that captures the scope and depth of philanthropic funding and support for HIV/AIDS.

We hope that this report will enable a wide range of readers to gain new understanding about the overall distribution and diversity of U.S. HIV/AIDS philanthropic funding as well as trends in this grantmaking. FCAA welcomes input from readers about how to make future editions of *U.S. Philanthropic Support* more useful.



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# TOTAL U.S. HIV/AIDS GRANTMAKING IN 2009

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FCAA identified 342 U.S.-based funders that made HIV/AIDS-related grant disbursements in 2009. Combined, these funders supported some 5,500 HIV/AIDS-related grants or projects, disbursing a total of approximately \$585 million to these projects.

## **Note on missing data:**

The majority of private philanthropic funding for HIV/AIDS in 2009 has been captured in the available data. However, it is important to note that despite repeated efforts, FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report. No data were received from the Children's Investment Fund Foundation (US), which was a top funder in 2005, 2006, and 2007; Gilead Sciences, which was a top funder in 2005; and the Firelight Foundation, which was a top funder each year from 2005 through 2008. In addition, several other funders that have appeared in previous reports are not included this year for various reasons. They include the International Fund for Health & Family Planning—which closed in 2009, donating all remaining funds to DKT International, a family planning organization whose HIV/AIDS prevention work could not be disaggregated for this report—and The Henry J. Kaiser Family Foundation,<sup>17</sup> an operating foundation that develops and runs its own policy research and communications programs, which are increasingly difficult to value financially.

FCAA surveyed funders about funding commitments and disbursements in 2009. Tracking **commitments** (funding budgeted for grants/projects in a given year, whether or not the funds were disbursed in that year) helps to gauge current and future outlays. Tracking **disbursements** (funding actually made available in a given year, which may include funding from prior year commitments) provides data on funds actually paid out in a given year. For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.

Total disbursements in 2009 decreased from \$570 million in 2008 to \$532 million in 2009, or 7%, among funders for which five years of data were available.

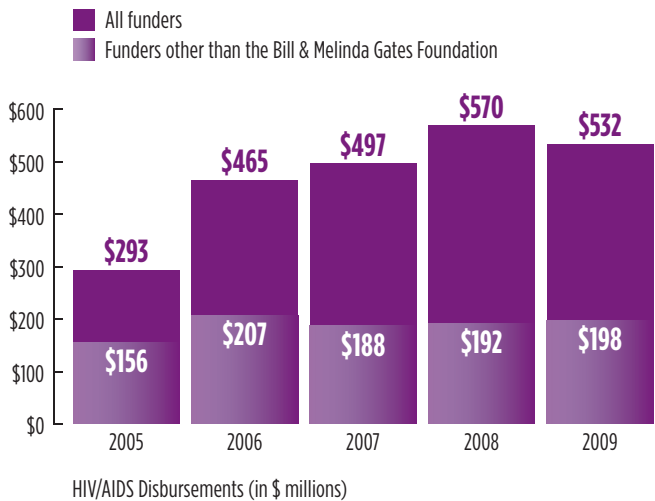
Among the top funders<sup>18</sup> tracked by FCAA for which both 2008 and 2009 disbursements data are available, the total value of disbursements also decreased 7% from 2008 to 2009.

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17 The Henry J. Kaiser Family Foundation is a private operating foundation with HIV-related activities that are increasingly integrated throughout its programs across the entire foundation. Though the foundation is usually one of the top 10 funders in terms of highest annual disbursements, it is no longer possible to separately identify and report the level of foundation resources dedicated specifically to HIV/AIDS. It should be noted that the foundation has maintained its commitment and level of resources dedicated to HIV/AIDS both domestically and globally. (See the Appendix for additional information about operating foundations and Kaiser's contributions.)

18 "Top funders" are those identified by FCAA that have disbursed \$300,000 or more to HIV/AIDS grants and projects in a given year. In 2009, a total of 67 funders met that criterion.

**Chart 1:**  
**Total HIV/AIDS Grantmaking Disbursements by U.S. Philanthropies 2005–2009<sup>19</sup>**



19. This chart includes only the funders for which FCAA has all five years of disbursement data (2005, 2006, 2007, 2008 and 2009) for 2005–2009: a total of 61 of 342 funders. These same 61 funders represented 89% of all funding in 2009 (a total of \$532 million).

Total commitments in 2009 among all funders were approximately \$367 million, down from \$417 million in 2008, a decrease of 12%.

Among the top funders tracked by FCAA for which both 2008 and 2009 commitments data are available, the total value of commitments was 17% lower in 2009, from \$399 million in 2008 to \$332 million in 2009.

**Chart 2:**  
**Total HIV/AIDS Grantmaking Commitments by U.S. Philanthropies 2000–2009<sup>20, 21</sup>**



20 This chart includes all commitments data available for all top funders each year.

21 The increase in 2006 was due to a large multi-year commitment made by the Bill & Melinda Gates Foundation that year.

## DEVELOPING CONNECTIONS BETWEEN U.S. AND EUROPEAN FUNDERS

### BUILDING GLOBAL PARTNERS, VIENNA



**Bill Gates**

Together, Funders Concerned About AIDS (FCAA) and the European HIV/AIDS Funders Group (EFG) have been tracking the field of HIV/AIDS philanthropy for close to a decade, with a collaborative goal of creating the most comprehensive portrait possible of global HIV/AIDS-related institutional philanthropy in an effort to facilitate greater coordination and transparency among funders and encourage expanded philanthropic support for HIV/AIDS work.

While our combined networks disbursed approximately \$738 million dollars in HIV/AIDS-related philanthropy, FCAA and EFG understand the critical need to explore and identify shared funding synergies and resulting gaps among funders from across the United States and Europe. As an initial step in creating dialogue among our networks, FCAA and EFG convened its first-ever joint reception in July 2010 at the XVIII International AIDS Conference in Vienna to increase networking, find commonalities and explore ways of working together to address HIV/AIDS more effectively.

More than 200 representatives from 75 private, public and multilateral funding organizations attended the “Convening and Connecting HIV/AIDS Philanthropy: Building Global Partners” reception for an evening of networking and inspirational keynote addresses from Bill Gates, Co-Chair and Trustee, The Bill & Melinda Gates Foundation, and Annie Lennox, Founder, Sing.

After a full hour of cocktails and canapés, funders focused on networking with colleagues from across the U.S. and Europe. Postcards disbursed throughout the reception acted as conversation starters by depicting images and stories of innovation in AIDS funding, including:

the Ford Foundation’s new initiative to address the domestic U.S. HIV/AIDS epidemic; supporting prevention of vertical transmission initiatives (The Elton John AIDS Foundation, Johnson & Johnson, M•A•C AIDS Fund); The Diana, Princess of Wales Memorial Fund’s Palliative Care Initiative; The Greater Than AIDS initiative, a project by the Kaiser Family Foundation and the Black AIDS Institute supported by the Ford Foundation, M•A•C AIDS Fund and the Elton John AIDS Foundation; funding domestic (AIDS Foundation of Chicago) and international (The Bill & Melinda Gates Foundation) syringe exchange programs; the power of funders to convene (Flowers Heritage Foundation); supporting community partners (Levi Strauss Foundation) and youth prevention & awareness programs (the MTV Staying Alive Foundation); and improving the quality of life for people living with HIV/AIDS in Africa (Comic Relief).

FCAA and EFG are pleased that this inaugural effort to create a network of US and EU funders was so well received and believe that this reflects a genuine interest on the part of funders to network beyond borders. Our organizations plan to build on the momentum of this initial event to strengthen the global field of HIV/AIDS philanthropy.



**Annie Lennox**

# TOP U.S. HIV/AIDS FUNDERS IN 2009

Sixty-seven funders are categorized as “top” HIV/AIDS funders because they reported HIV/AIDS-related grantmaking disbursements of \$300,000 or more in 2009. All are listed in Table 1.

**Table 1:**

## **Top 67 U.S. HIV/AIDS Funders in 2009**

(ranked by amount of disbursements)<sup>22</sup>

Name	Disbursements (\$)	Commitments (\$)
1. <b>Bill &amp; Melinda Gates Foundation, WA</b>	<b>333,707,265</b>	<b>183,706,666</b>
2. <b>The Ford Foundation, NY</b>	<b>27,684,607</b>	<b>35,206,297</b>
3. <b>Abbott and Abbott Fund, IL</b>	<b>25,873,319</b>	<b>25,873,319</b>
4. <b>Merck, NJ</b>	<b>21,507,000</b>	<b>Not available</b>
5. <b>M•A•C AIDS Fund and M•A•C Cosmetics, NY</b>	<b>19,536,172</b>	<b>22,817,236</b>
6. <b>Philip T. and Susan M. Ragon Institute Foundation, MA</b>	<b>18,000,000</b>	<b>Not available</b>
7. <b>Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY<sup>23</sup></b>	<b>12,621,390</b>	<b>6,022,636</b>
8. <b>Johnson &amp; Johnson, NJ</b>	<b>10,285,430</b>	<b>10,285,430</b>
9. <b>Open Society Institute, NY<sup>24</sup></b>	<b>9,825,507</b>	<b>9,825,507</b>
10. <b>Pfizer Inc and Pfizer Foundation, NY<sup>25</sup></b>	<b>8,952,422</b>	<b>Not available</b>
11. <b>Broadway Cares/Equity Fights AIDS, NY</b>	<b>7,907,800*</b>	<b>7,907,800</b>
12. <b>Irene Diamond Fund, NY</b>	<b>7,619,943</b>	<b>6,083,631</b>
13. <b>Elton John AIDS Foundation, NY</b>	<b>5,302,002*</b>	<b>550,000</b>
14. <b>National AIDS Fund, DC</b>	<b>4,853,409*</b>	<b>5,168,566</b>
15. <b>The Foundation for AIDS Research (amfAR), NY</b>	<b>4,418,488*</b>	<b>3,889,416</b>
16. <b>Robin Hood Foundation, NY</b>	<b>4,235,000</b>	<b>4,235,000</b>
17. <b>Elizabeth Glaser Pediatric AIDS Foundation, CA</b>	<b>3,821,121</b>	<b>3,636,026</b>

<sup>22</sup> The state associated with each entity refers to the state in which the entity is based, not necessarily where grants and projects are funded by the entity.

<sup>23</sup> An additional \$3 million in 2009 was reported from Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company (BMS) for domestic advocacy initiatives shortly before the report was published, and thus could not be included in the overall findings due to the publication's timeline. However, this additional funding amount brings total disbursements for BMS to \$15,621,390 in 2009.

<sup>24</sup> The 2009 dollar amounts provided by the Open Society Institute are estimates and not exact figures. These estimated disbursements only reflect external, HIV/AIDS-related cash reports from 1) the Soros Foundation Network's Public Health Program, 2) the Burma Project, and 3) national and regional foundations. These numbers do not include HIV/AIDS funding from any other programs within the Soros Foundations Network, though it is possible that other programs within the Soros Foundations Network may also have provided HIV/AIDS-related funding in 2009.

<sup>25</sup> This figure includes grants from both Pfizer Inc and the Pfizer Foundation, but should be regarded as an estimate that does not include all HIV/AIDS funding due to the unavailability of complete data.

Table 1, continued

Name	Disbursements (\$)	Commitments (\$)
18. International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA <sup>26</sup>	3,362,993*	3,362,993
19. The Starr Foundation, NY	3,000,000	Not available
20. United Nations Foundation, DC	2,812,003*	2,812,003
21. Levi Strauss & Co., CA	2,498,000	2,498,000
22. American Jewish World Service, NY	2,362,581	3,708,787
23. Global Fund for Women, CA	2,341,320*	2,552,960
24. Tides Foundation, CA <sup>27</sup>	2,306,887	2,306,887
25. GlaxoSmithKline US, NC <sup>28</sup>	2,041,405	Not available
26. AIDS Foundation of Chicago, IL	2,029,250*	2,029,250
27. W. M. Keck Foundation, CA	2,000,000	Not available
28. The David and Lucile Packard Foundation, CA	1,830,000	1,300,000
29. Robert Wood Johnson Foundation, NJ	1,738,601	1,738,601
30. Wells Fargo, CA	1,726,952	Not available
31. Pride Foundation, WA	1,649,132	1,649,132
32. Rockefeller Brothers Fund, Inc., NY	1,582,500	620,000
33. The New York Community Trust, NY	1,518,000*	1,518,000
34. Kate B. Reynolds Charitable Trust, NC	1,492,611	236,500
35. John D. & Catherine T. MacArthur Foundation, IL	1,456,000	750,000
36. The William and Flora Hewlett Foundation, CA	1,380,000	1,530,000
37. Washington AIDS Partnership, DC	1,270,456*	1,130,640
38. Design Industries Foundation Fighting AIDS (DIFFA), NY	1,247,745*	1,247,745
39. Conrad N. Hilton Foundation, CA	1,245,000	Not available
40. South Africa Development Fund, MA	1,069,994*	1,079,994
41. James B. Pendleton Charitable Trust, WA	1,055,979	1,055,979
42. Glaser Progress Foundation, WA	1,000,000	1,000,000
43. San Francisco AIDS Foundation, CA	953,549*	Not available

26 ITPC is fiscally managed by Tides Center, and all ITPC grants are therefore legally made from Tides Foundation. For the purposes of this report, however, ITPC and the Tides Foundation have reported separately.

27 The Tides Foundation figure does not include grants made by the International Treatment Preparedness Coalition (ITPC), a project of Tides Center that for the purposes of this report has been listed separately.

28 The figure for GlaxoSmithKline includes grants data from the U.S. branch of the company only. The company is headquartered in the United Kingdom, and non-U.S. HIV/AIDS funding (approximately \$4.7 million in 2009) is tracked in the European HIV/AIDS Funders Group (EFG) resource tracking report (see [www.hivaidsfunders.org](http://www.hivaidsfunders.org) to view the report, *European Philanthropic Support to Address HIV/AIDS in 2009*).

**Table 1, continued**

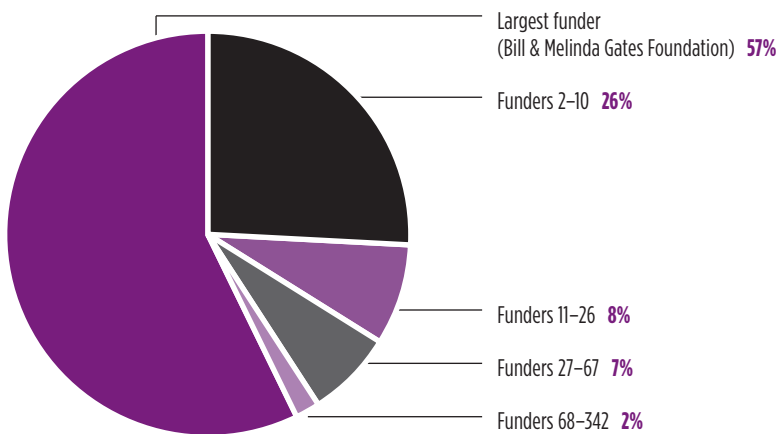
<b>Name</b>	<b>Disbursements (\$)</b>	<b>Commitments (\$)</b>
44. Comer Foundation, IL	857,500	857,500
45. H. van Ameringen Foundation, NY	835,000	Not available
46. Max M. and Marjorie S. Fisher Foundation, Inc., MI	800,000	Not available
47. Alphawood Foundation, IL	757,000	757,000
48. Until There's a Cure, CA	739,219	739,219
49. Staying Alive Foundation, NY	732,552*	727,302
50. BD (Becton, Dickinson and Company), NJ	611,686	Not available
51. W. K. Kellogg Foundation, MI	610,000	Not available
52. AIDS Funding Collaborative, OH	602,788	507,211
53. Missouri Foundation for Health, MO	576,506	285,000
54. Alliance Healthcare Foundation/San Diego HIV Funding Collaborative, CA	555,988	555,988
55. Doris Duke Charitable Foundation, NY	505,000	Not available
56. Children Affected By AIDS Foundation, CA	453,003*	453,003
57. Evelyn and Walter Haas, Jr. Fund, CA	452,500	362,000
58. Atlanta AIDS Partnership Fund, GA	450,000	Not available
59. The Summit Foundation, DC	435,000	385,000
60. The Health Foundation of Greater Indianapolis, IN	424,550	523,020
61. John M. Lloyd Foundation, CA	405,000	255,000
62. Macy's Foundation, OH	404,500	Not available
63. Silicon Valley Community Foundation, CA	357,600	Not available
64. Houston Endowment Inc., TX	337,500	325,000
65. Boston Foundation, Inc., MA	321,215	150,000
66. The Campbell Foundation, FL	303,047	303,047
67. Arcus Foundation, MI	300,000	Not available
<b>2009 HIV/AIDS Grantmaking Disbursements by Top 67<sup>29</sup></b>		<b>\$570,993,240</b>
<b>2009 HIV/AIDS Grantmaking Commitments by Top 67</b>		<b>\$366,350,291</b>
<b>Total 2009 U.S. HIV/AIDS Grantmaking Disbursements</b>		<b>\$585,310,939</b>

29 Funders with an asterisk (\*) after their total reported that they received some financial resources from other agencies tracked by FCAA. At least some of these funds were then re-granted to support HIV/AIDS-related funding to other institutions. To avoid double counting of funds, the top 67 funders subtotal reflects a reduction of \$14,955,747 to correct for re-granting of funds from one FCAA-tracked top grantmaker to another. The total amount for all grantmakers also reflects a reduction of \$14,965,747 to account for re-granting of funds from one FCAA-tracked grantmaker to another. See the Appendix for a more full explanation of the methodology used for this report.

# CONCENTRATION OF HIV/AIDS FUNDERS

HIV/AIDS funding by U.S.-based private philanthropic funders is heavily concentrated among a relatively small number of entities. Funding disbursements from the largest U.S. HIV/AIDS grantmaker, the Bill & Melinda Gates Foundation, accounted for 57% of all identified HIV/AIDS grantmaking disbursements in 2009. The top 10 U.S. HIV/AIDS funders, including the Bill & Melinda Gates Foundation, accounted for 83% of all identified HIV/AIDS grantmaking disbursements in 2009 (approximately the same as in 2008).

**Chart 3:**  
**Distribution of Disbursements by Amount of U.S. HIV/AIDS Funders in 2009**  
(by percentage of total disbursements)





# CHANGES IN HIV/AIDS GRANTMAKING

Among the top 67 U.S.-based HIV/AIDS funders for which FCAA had disbursements data for 2005 through 2009 (49 of 67 funders), a total of 37 reported a higher level of HIV/AIDS grantmaking disbursements in 2009 than in 2005. Thirty-one funders (of 63 for which two years of data were available) reported higher amounts of disbursements in 2009 compared with 2008.

**Table 2:**  
**U.S. HIV/AIDS Funders Reporting Higher Amounts of HIV/AIDS Grantmaking Disbursements in 2009 than 2005**  
(ranked by size of monetary increase between reported amounts for those years)

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	Change 05-09 (\$)	% Change
Bill & Melinda Gates Foundation, WA	137,546,593	257,855,885	308,917,741	378,482,751	333,707,265	196,160,672	143%
Merck, NJ	8,340,000	15,696,000	15,937,739	13,368,736	21,507,000	13,167,000	158%
The Ford Foundation, NY	14,692,292	22,669,531	18,482,541	27,777,195	27,684,607	12,992,315	88%
M•A•C AIDS Fund and M•A•C Cosmetics, NY	9,122,623	16,187,422	22,042,057	23,461,948	19,536,172	10,413,549	114%
Johnson & Johnson, NJ	7,812,000	12,925,000	12,490,000	11,667,000	10,285,430	2,473,430	32%
National AIDS Fund, DC	2,568,944	2,743,538	3,065,892	4,750,273	4,853,409	2,284,465	89%
American Jewish World Service, NY	309,008	1,839,061	1,538,960	1,640,623	2,362,581	2,053,573	665%
Abbott and Abbott Fund, IL	23,933,226	19,474,610	26,449,721	25,229,419	25,873,319	1,940,093	8%
The Foundation for AIDS Research (amfAR), NY	2,568,944	2,812,983	2,085,840	5,100,050	4,418,488	1,849,544	72%
The David and Lucile Packard Foundation, CA	250,000	750,000	1,270,000	550,000	1,830,000	1,580,000	632%
Pride Foundation, WA	73,000	73,000	77,864	1,316,952	1,649,132	1,576,132	2159%
Elton John AIDS Foundation, NY	3,884,391	4,805,874	6,288,676	6,375,034	5,302,002	1,417,611	36%
Robin Hood Foundation, NY	2,845,000	3,805,000	4,275,000	4,895,000	4,235,000	1,390,000	49%

**Table 2, continued**

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	Change 05-09 (\$)	% Change
Robert Wood Johnson Foundation, NJ	349,986	299,930	273,944	489,970	1,738,601	1,388,615	397%
United Nations Foundation, DC	1,531,278	6,708,922	1,537,977	753,346	2,812,003	1,280,725	84%
Global Fund for Women, CA	1,132,924	1,371,583	1,961,758	1,968,090	2,341,320	1,208,396	107%
Irene Diamond Fund, NY	6,426,715	6,690,905	7,127,787	8,305,366	7,619,943	1,193,228	19%
Kate B. Reynolds Charitable Trust, NC	334,339	459,052	1,016,499	256,534	1,492,611	1,158,272	346%
Conrad N. Hilton Foundation, CA	199,300	1,531,200	86,000	66,000	1,245,000	1,045,700	525%
The New York Community Trust, NY	730,000	1,330,000	1,545,450	1,746,000	1,518,000	788,000	108%
The Design Industries Foundation Fighting AIDS (DIFFA), NY	594,807	683,000	1,221,290	1,026,131	1,247,745	652,938	110%
AIDS Foundation of Chicago, IL	1,435,148	1,785,401	1,186,594	1,663,982	2,029,250	594,102	41%
AIDS Funding Collaborative, OH	49,565	424,232	386,398	544,763	602,788	553,223	1116%
South Africa Development Fund, MA	614,041	638,455	686,828	686,928	1,069,994	455,953	74%
Glaser Progress Foundation, WA	550,000	1,500,000	1,525,000	273,481	1,000,000	450,000	82%
Washington AIDS Partnership, DC	821,675	1,010,800	1,193,050	1,354,984	1,270,456	448,781	55%
Levi Strauss & Co., CA	2,124,958	2,212,370	1,876,100	1,809,000	2,498,000	373,042	18%
BD (Becton, Dickinson and Company), NJ	243,200	837,464	650,000	524,000	611,686	368,486	152%
Until There's a Cure, CA	383,300	942,308	758,500	210,322	739,219	355,919	93%
The John D. & Catherine T. MacArthur Foundation, IL	1,138,000	1,336,000	1,817,000	615,000	1,456,000	318,000	28%

**Table 2, continued**

<b>Name</b>	<b>2005 (\$)</b>	<b>2006 (\$)</b>	<b>2007 (\$)</b>	<b>2008 (\$)</b>	<b>2009 (\$)</b>	<b>Change 05-09 (\$)</b>	<b>% Change</b>
The William and Flora Hewlett Foundation, CA	1,075,000	1,390,417	2,100,000	900,000	1,380,000	305,000	28%
Wells Fargo, CA	1,470,175	1,490,089	1,607,101	1,722,269	1,726,952	256,777	17%
Boston Foundation, Inc., MA	80,000	110,000	140,280	713,850	321,215	241,215	302%
The Health Foundation of Greater Indianapolis, IN	250,000	350,000	403,875	394,740	424,550	174,550	70%
Arcus Foundation, MI	142,000	847,890	220,000	510,000	300,000	158,000	111%
The Comer Foundation, IL	724,836	806,000	1,140,000	940,775	857,500	132,664	18%
The John M. Lloyd Foundation, CA	404,175	410,000	390,000	484,550	405,000	825	0%

Of the top 67 funders for which FCAA had HIV/AIDS grantmaking disbursement data from 2005 through 2009 (49 of 67 funders), a total of 12 reported disbursing less in 2009 than in 2005. Thirty-two funders (of 63 for which two years of data were available) reported disbursing less in 2009 than in 2008. It should be noted that some changes in funding are not indicative of larger trends of decreases in funding for some funders. Many funders make multi-year commitments, and expenditures of those commitments can vary greatly between years.

**Table 3:**

### U.S. HIV/AIDS Funders Reporting Lower Amounts of HIV/AIDS Grantmaking Disbursements in 2009 than 2005

(ranked by size of monetary decrease between reported amounts for those years)

Name	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	Change 05-09 (\$)	% Change
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY	26,806,679	31,935,113	15,996,612	10,383,997	12,621,390	-14,185,289	-53%
Elizabeth Glaser Pediatric AIDS Foundation, CA <sup>30</sup>	8,580,706	8,619,232	5,821,951	4,168,868	3,821,121	-4,759,585	-55%
Missouri Foundation for Health, MO	1,667,440	2,147,438	1,086,099	1,185,662	576,506	-1,090,934	-65%
Alphawood Foundation, IL	1,700,600	2,255,000	570,000	1,057,000	757,000	-943,600	-55%
W. K. Kellogg Foundation, MI	1,045,000	1,520,073	1,450,000	1,985,000	610,000	-435,000	-42%
The Campbell Foundation, FL	603,400	652,668	644,687	442,946	303,047	-300,353	-50%
Children Affected By AIDS Foundation, CA	749,686	911,364	909,986	1,057,593	453,003	-296,683	-40%
Houston Endowment Inc., TX	550,000	1,040,000	435,000	522,500	337,500	-212,500	-39%
H. van Ameringen Foundation, NY	933,500	1,178,000	1,434,000	1,091,000	835,000	-98,500	-11%
Evelyn and Walter Haas, Jr. Fund, CA	532,000	585,000	280,000	645,000	452,500	-79,500	-15%
Broadway Cares/Equity Fights AIDS, NY	7,986,298	8,035,864	8,824,046	10,039,298	7,907,800	-78,498	-1%
Rockefeller Brothers Fund, Inc., NY	1,650,000	1,624,500	2,050,000	2,550,000	1,582,500	-67,500	-4%

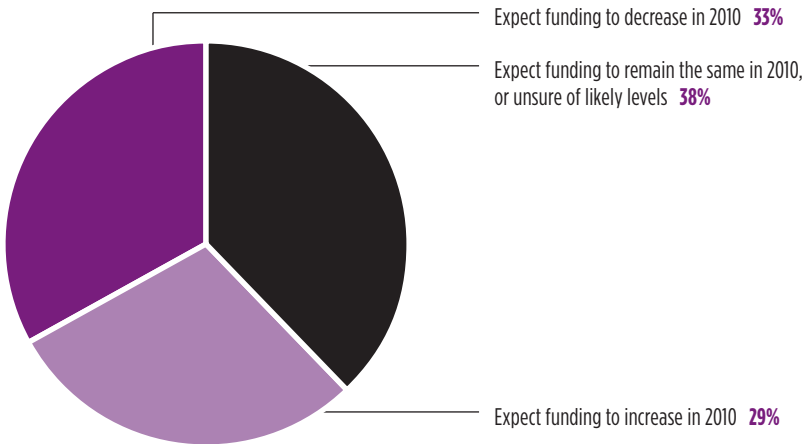
<sup>30</sup> While Elizabeth Glaser Pediatric AIDS Foundation's re-granting to other organizations utilizing private funds continued to decrease in 2009, this does not reflect a decrease in the overall Foundation re-granting budget, which increased significantly during 2005–09, primarily with public funding. The Foundation's publicly funded re-granting budget went from roughly \$30 million in 2005 to about \$56 million in 2009. However, private funding as a proportion of overall re-granting declined from 23% in 2005 to only 7% in 2009.

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# 2010 FORECAST

In the FCAA survey on 2009 funding, funders were asked about their anticipated grantmaking levels for 2010. Of the HIV/AIDS funders that responded to this survey question (52 of 67), 29% indicated that they expected an increase in HIV/AIDS grantmaking in 2010 in comparison with 2009, including four of the top 10 funders. Thirty-three percent of funders, however, forecast their 2010 grantmaking levels would be less than in 2009, including the top funder, the Bill & Melinda Gates Foundation.<sup>31</sup> Thirty-eight percent (20 of 52 responding) reported that they anticipate disbursements to remain at approximately the same level or were unsure.

**Chart 4:**  
**Forecast of 2010 U.S. Philanthropic HIV/AIDS Funding**  
(by percentage of funders responding)



<sup>31</sup> A large portion of the expected decrease in HIV/AIDS disbursements from the Bill & Melinda Gates Foundation in 2010 will be a result of their procedure of disbursing both 2009 and 2010 commitments to the Global Fund in 2009. See page 36 for more detail about the Gates Foundation's contribution to the Global Fund in 2009.

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## UNDERSTANDING CONTEXT

### THE FCAA SPOTLIGHT: STATE BUDGET CUTS, A FUNDER BRIEFING IN OAKLAND

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**HIV/AIDS grantmakers and key stakeholders came together on October 7, 2010 at the California Endowment in Oakland, CA to discuss the impact of state budget cuts on HIV/AIDS programs across the country.**

Julie Scofield, Executive Director of the National Alliance of State & Territorial AIDS Directors (NASTAD), opened with an overview of the state funding environment. In 2009, 29 states reported a loss of \$170 million in their HIV/AIDS and viral hepatitis programs, and in 2010, 28 states reported an additional loss of \$52 million. Forty-one states have reported over 200 open or unfilled HIV/AIDS or viral hepatitis-related public health positions over the past two years, with other states instituting mandatory furloughs and pay and/or hiring freezes. States are also cutting prevention and treatment programs, including: prevention training, provision of testing services, behavioral interventions, condoms, and syringe exchange programs.

While the gap between need and available resources is immense—the cuts in 2009 budgets alone is 34% greater than total domestic disbursements by philanthropic HIV/AIDS funders in the same year—Scofield highlighted a few opportunities in the road ahead. Seven states in 2010 reported the restoration of \$55.3 million in state funding, mostly for the AIDS Drug Assistance Programs (ADAPs). She urged funders to support the local and state advocacy necessary to ensure both the National HIV/AIDS Strategy and healthcare reform will be fully funded and implemented.

“Innovations in Funding,” moderated by Kandy Ferree, President & CEO of the National AIDS Fund, brought together the California Endowment, Bristol-Myers Squibb and the Bay Area Positive Network for Health to discuss why and how they are shifting their funding paradigms within the new funding environment. The panel found a strong theme in the role of supporting both advocacy and community



**Jessica Riviere, Bristol-Myers Squibb; Cynthia Gomez, Health Equity Institute, San Francisco State University; Kandy Ferree, National AIDS Fund; and John Barnes, FCAA**

infrastructure over the long term to ensure systems change. The discussion also underscored the essential need to approach the work more holistically—across funding issues and portfolios—to strengthen a broader network of advocacy and create sustained impact.

Convened in Oakland, the briefing provided the opportunity to view the public funding context in a city poised to tell two stories: one of crisis, and one of response. Since 1998 Alameda County (including Oakland, which accounts for 65% of the county’s total HIV/AIDS cases) has been fighting a state of emergency directly related to HIV/AIDS cases within the African American community. In 2007 keynote speaker Oakland Mayor Ronald V. Dellums became one of the first U.S. Mayors to be publicly tested for HIV/AIDS. By becoming the public face of HIV/AIDS testing in Oakland – and launching the city’s innovative *Get Screened Oakland* (GSO)—the Mayor hopes to help take the stigma out of HIV testing, and to promote that everyone know their status. Mayor Dellums urged funders to help scale up this testing model nationally.

Dr. Marsha Martin, Director of GSO, was joined by partners from the Levi Strauss Foundation, Flowers Heritage Foundation, The Global Business Coalition on HIV/AIDS, Tuberculosis

and Malaria (GBC), and Chevron to discuss the challenges and successes behind its public-private partnership model. The original question behind GSO was, in a city such as Oakland—with finite borders—how do you target HIV/AIDS assistance and messages, and importantly, how do you understand where the virus is? The goal behind GSO was to make HIV/AIDS everybody's business in Oakland, and to do this, it needed multi-sector partners to help fully reach into the community. GSO invited all partners—including corporate and family foundations, both AIDS and non-AIDS community service providers, and the corporate sector—to the table from its inception to collaboratively determine what support and unique skills they could offer. The partners' leadership has also played an important role in encouraging others from beyond the HIV/AIDS community to work on HIV.



**Get Screened Oakland Panel.** Miguel Bustos, Levi Strauss Foundation; Dr. Marsha Martin, Get Screened Oakland; Gregory Edwards, Flowers Heritage Foundation; John Newsome, GBC; and Ernesto De La Torre, Chevron

The final panel encapsulated the day's themes with a discussion among young leaders from WORLD, the Downtown Youth Clinic (East Bay AIDS Center), Pacific Center for Human Development and La Clinica de la Raza who shared examples of innovative programming in Oakland: an on-site bathhouse drop-in therapist, positive women-led peer networks, community



**Community Innovations Panel.** Naina Khanna, WORLD; Alex Williams, Downtown Youth Center, East Bay AIDS Center; Angel Fabian, La Clinica de la Raza; and Aaron Testard, Pacific Center for Human Development.

outreach programs focused on at-risk Latino populations, and a youth-focused social network HIV testing initiative. It became clear that while there has been a lot of effort in scale up of both HIV testing and awareness in the Oakland area, their care and support services are extremely strained. Panelist Naina Khanna, Director of Policy and Community Organizing at WORLD, reminded funders that while we look to the AIDS Service Organization community to help achieve the care, prevention and health disparities goals of the new National HIV/AIDS Strategy, we cannot afford to scale back investment in these organizations that provide culturally competent services grounded in community. Panelists agreed that they need funders' help to innovate, evaluate, collaborate and leverage other funding. The panelists also asked for flexibility in funding, and the time for a formative phase to support research, needs assessment and information gathering. Moderator Gregory Edwards, Executive Director of the Flowers Heritage Foundation, ended the session by congratulating their leadership and underscoring the need for funders to invest in new leaders in a sustainable way.

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# U.S. CORPORATE HIV/AIDS FUNDERS

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In 2009, 11 corporate foundations and giving programs were among the top 67 U.S.-based HIV/AIDS funders identified by FCAA. The total estimated support of these 11 entities in 2009 was \$106 million (1,475 grants), representing 18% of the \$585 million total estimated HIV/AIDS U.S. philanthropy for 2009, and a 7% increase in the amount of corporate giving compared with results reported for the 11 top corporate funders for 2008.<sup>32</sup>

**Table 4:**  
**Top U.S. Corporate HIV/AIDS Funders in 2009**  
(ranked by amount of disbursements)

Abbott and Abbott Fund, IL	\$25,873,319
Merck, NJ	21,507,000
M•A•C AIDS Fund and M•A•C Cosmetics, NY	19,536,172
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY	12,621,390
Johnson & Johnson, NJ	10,285,430
Pfizer Inc and Pfizer Foundation, NY	8,952,422
Levi Strauss & Co., CA	2,498,000
GlaxoSmithKline US, NC	2,041,405
Wells Fargo, CA	1,726,952
BD (Becton, Dickinson and Company), NJ	611,686
Macy's Foundation, OH	404,500
<b>Total</b>	<b>\$106,058,276</b>

## 2010 Corporate Forecast

Eight of the 11 corporate funders listed in Table 2 provided FCAA with information about their grantmaking, including whether they expected their HIV/AIDS-related funding to increase or decrease in 2010. Three of the corporate funders forecasted funding to be higher in 2010 in comparison with 2009. Three expected grantmaking to remain about the same, and two funders said they expected funding to be lower in 2010.

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32 FCAA reported \$99.6 million in disbursements among the top 11 corporate HIV/AIDS funders in 2008.

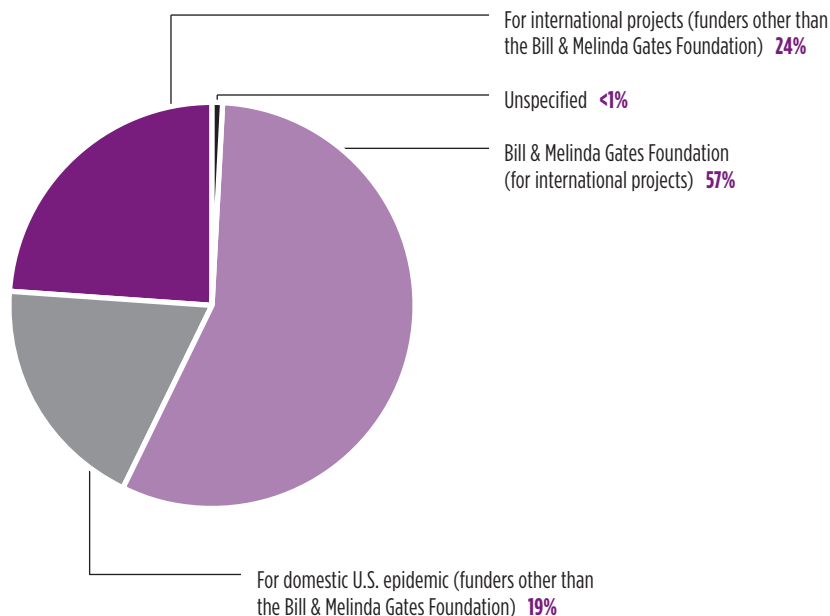


# GEOGRAPHIC DISTRIBUTION OF HIV/AIDS GRANTS

Among the top 67 U.S.-based HIV/AIDS funders in 2009, a total of 53 (80%) provided data on the geographic distribution of their funding disbursements. FCAA gathered geographic distribution data for 12 other funders from the Foundation Center, Foundation Search, grants databases on a funder's website, or 990 tax forms, but could not obtain data on geographic distribution for two of the top 67 HIV/AIDS funders.

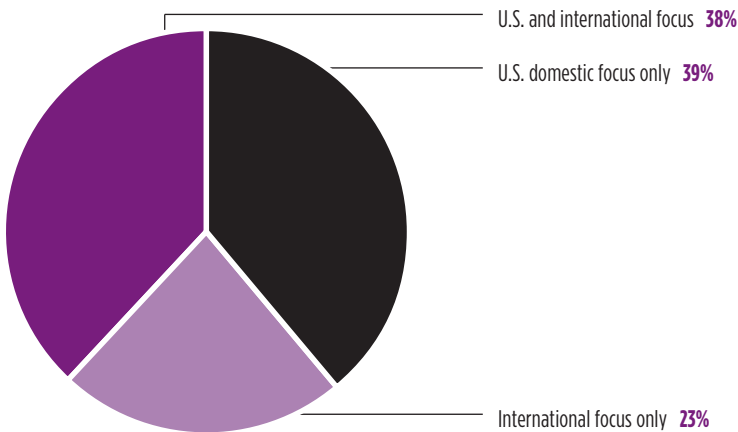
Analysis by FCAA suggests that of the estimated \$585 million disbursed in 2009 by the top 67 funders, at least \$472 million (81%) was directed to global or international HIV/AIDS work (including funds granted to U.S. organizations for international work). At least \$112 million was disbursed to domestic U.S. HIV/AIDS efforts, representing 19% of the amount of all HIV/AIDS grants disbursed by the top 67 funders. The geographic distribution of the remaining funds (approximately \$1.7 million, or less than 1%) could not be identified. In 2008, the figure for international funding was \$521 million (an amount 9% higher than 2009), and the figure for domestic funding was \$98 million (14% lower than the 2009 total).

**Chart 5:**  
**Grant Dollar Disbursements in 2009 by Geographic Focus**  
(by percentage of total expenditure)



Data collected by FCAA indicate that, in 2009, 23% of funders provided funding exclusively to address the epidemic internationally (15 of 65 funders), while 39% of funders provided funding exclusively to address the epidemic domestically (26 of 65 funders). These findings indicate a decrease in the share of funders focused exclusively on the international epidemic: in 2008, nearly one-third (32%) of those funders for which FCAA was able to gather geographic distribution data were focused exclusively on the epidemic outside of the United States.

**Chart 6:**  
**Geographic Focus of U.S. HIV/AIDS Funders in 2009**  
(by percentage of funders responding to question)



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## EXAMPLES OF INNOVATIVE FUNDING

### A HUMAN RIGHTS APPROACH

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#### THE LEVI STRAUSS FOUNDATION

In June 2010 HealthRight International presented their annual Corporate Leadership Award to Levi Strauss & Co. in recognition of their longstanding commitment to health and human rights.

Daniel Lee, Executive Director of the Levi Strauss Foundation (LSF), shared the history of the Levi Strauss response to the global epidemic dating back to 1982 when Robert D. Haas—CEO at the time—and other leaders helped to pass out leaflets at their San Francisco headquarters to educate their employees about HIV (then known as GRID, or Gay-Related Immune Disorder). In 1983 LSF became the first corporate foundation to make a HIV/AIDS-specific donation to the funding of the Kaposi Sarcoma Clinic at the San Francisco General Hospital. In the more than two decades since, the company and Foundation have provided more than \$45 million in social investments that have helped build several HIV/AIDS service and advocacy organizations from the ground up in San Francisco and in over 30 countries around the world.

Lee also highlighted the four core values embraced by Levi Strauss and Co. and the Foundation that serve as the guiding light not only for its business practices, but also their response to HIV/AIDS: **originality, empathy, integrity and courage.** *“In our programs, policies and campaigns, we have sought to be pioneering, bold and honest,” said Lee. “We have sometimes raised a few eyebrows along the way, but as Jonathan Mann (founder of HealthRight International) would point out: if you’re not rabble-rousing and raising eyebrows, you’re probably not on the right track.”*

#### A Focus on Human Rights

HIV/AIDS is arguably the most stigmatized medical condition in human history. It is also well documented that HIV/AIDS stigma and discrimination are often intertwined with discrimination attached to being a woman, being

poor, having a different sexual orientation, engaging in sex work or drug use, or being in prison. LSF firmly believes that to ensure the effectiveness of HIV/AIDS responses, it is paramount to protect the human rights of highly marginalized groups—including sex workers, gay and bisexual men, prisoners and people who use drugs.

LSF’s HIV/AIDS grantmaking strategy focuses on driving social change to address this unique nature of HIV/AIDS. Selected milestones include:

1. Implementation of a gender-based violence and stigma reduction initiative covering all apparel workers in Lesotho, a country where two of every five adults is living with HIV.
2. The Foundation co-sponsored the second “Human Rights Networking Zone” at the International AIDS Conference in Vienna in July 2010. Serving as a common space for advocates to gather, learn and mobilize, the Zone’s activities engaged participants in campaigns to end HIV-related human rights abuses and included sessions highlighting the innovation of grantees. LSF also supported mini-conferences on international legal advocacy to bolster HIV/AIDS prevention among sex workers and to promote treatment access.
3. LSF supports four leading organizations—AIDS Law Project (South Africa), Canadian HIV/AIDS Legal Network, Lawyers Collective (India) and Human Rights Watch (U.S.)—that are regarded as the global ‘bellwethers’ in the arenas of legal advocacy and policy change.
4. The Foundation also supports the United Nations Special Rapporteur on the Right to Health, a new position serving as a global voice on rights violations related to health. Anand Grover, who currently holds this position, is a leading HIV/AIDS lawyer from Mumbai, India.
5. LSF also embraces community mobilization and the development of new leaders in the HIV/AIDS field to take advantage of opportunities to engender social change.

# FOCUS ON INTERNATIONAL HIV/AIDS FUNDING

FCAA identified 25 funders out of the top 67 funders that disbursed \$1,000,000 or more to support international AIDS programming in 2009.

**Table 5:**

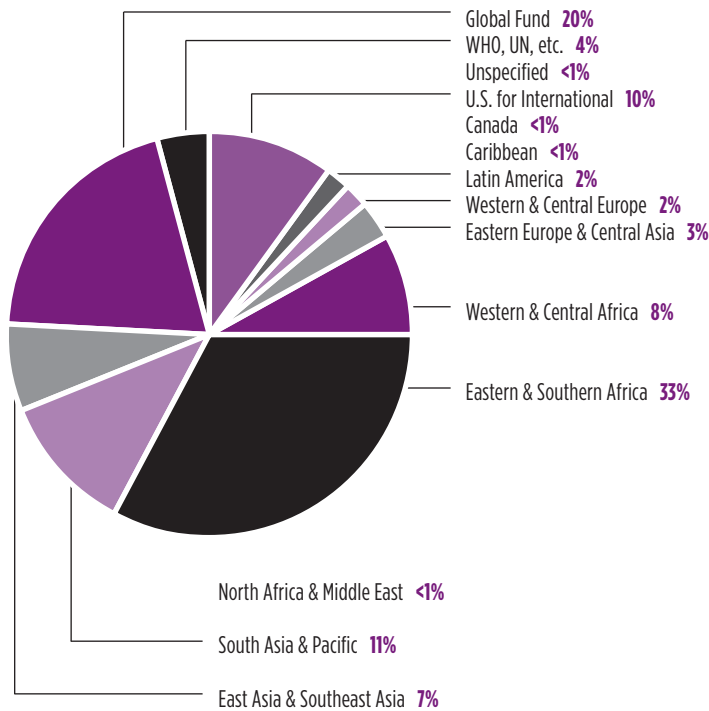
## **U.S. HIV/AIDS Funders Disbursing \$1,000,000 or More to HIV/AIDS Projects Outside of the U.S. in 2009**

(ranked by amount of international disbursements)

	<b>International (\$)</b>	<b>% of total HIV/AIDS disbursements by funder</b>
Bill & Melinda Gates Foundation, WA	333,707,265	100
Abbott and Abbott Fund, IL	24,921,814	96
Ford Foundation, NY	22,642,441	82
Merck, NJ	12,376,000	58
Open Society Institute, NY	9,825,507	100
M•A•C AIDS Fund and M•A•C Cosmetics, NY	9,439,592	48
Johnson & Johnson, NJ	8,984,430	87
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY	7,634,631	60
Pfizer Inc and Pfizer Foundation, NY	5,297,867	59
Elizabeth Glaser Pediatric AIDS Foundation, CA	3,821,120	100
International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA	3,362,993	100
The Starr Foundation, NY	3,000,000	100
United Nations Foundation, DC	2,812,003	100
American Jewish World Service, NY	2,362,581	100
Global Fund for Women, CA	2,341,320	100
Elton John AIDS Foundation, NY	2,025,000	38
The Foundation for AIDS Research (amfAR), NY	1,942,045	44
The David and Lucile Packard Foundation, CA	1,830,000	100
Levi Strauss & Co., CA	1,583,000	63
Rockefeller Brothers Fund, Inc., NY	1,582,500	100
John D. & Catherine T. MacArthur Foundation, IL	1,456,000	100
The William and Flora Hewlett Foundation, CA	1,380,000	100
Conrad N. Hilton Foundation, CA	1,239,000	100
South Africa Development Fund, MA	1,079,994	100
Glaser Progress Foundation, WA	1,000,000	100

Of the top 67 funders in 2009, FCAA identified 39 that disbursed funds to address the international epidemic.

**Chart 7:**  
**Regional Geographic Distribution of International HIV/AIDS Philanthropic Funding in 2009 by U.S. Funders**  
(by percentage of total international disbursements)



There was an increase in the total share from 1% to 2% in 2008 and 2009, respectively, for Western and Central Europe—which corresponded to a total of \$4 million in 2008 and \$7.5 million in 2009—and from 3% to 4% of the respective total in 2008 and 2009 for WHO, the UN, and other multilateral organizations (\$14 million in 2008 and \$20 million in 2009). There was also a slight increase of funding to U.S. organizations for international work<sup>33</sup>, from \$45 million in 2008 to \$46 million in 2009.

The share of international funding allocated to several other regions was lower in 2009 than in 2008. It declined from 36% in 2008 (\$190 million) to 33% in 2009 (\$158 million) in Eastern and Southern Africa; from 16% in 2008 (\$82 million) to 11% in 2009 (\$50 million) in South Asia and the Pacific; from 4% in 2008 (\$19 million) to 3% in 2009 (\$12 million) in Eastern Europe and Central Asia; from 3% in 2008 (\$16 million) to 2% (\$12 million) in Latin America; and from 1% in 2008 (\$4 million) to only slightly above 0% in 2009 (\$2 million) in the Caribbean.<sup>34</sup>

**The Global Fund to Fight AIDS, Tuberculosis and Malaria received \$93 million from U.S.-based philanthropies in 2009, of which 96% was disbursed directly from the Bill & Melinda Gates Foundation. Since 2001, the Bill & Melinda Gates Foundation has given \$650 million to the Global Fund. For the last five years, the Foundation has provided \$100 million annually. In 2009, it is estimated that 45% of Global Fund disbursements went to HIV/AIDS<sup>35</sup>, and, therefore, 45% of the Foundation's disbursement was allocated to HIV spending. Because the Bill & Melinda Gates Foundation provided two payments to the Global Fund in 2009 (for both 2009 and 2010), two payments of \$45 million each have been attributed to HIV/AIDS for purposes of this report. This forward funding will lead to an expected decline in funding for HIV/AIDS from the Bill & Melinda Gates Foundation in 2010 because a Global Fund payment will not be included in the total disbursements figure for the Bill & Melinda Gates Foundation for 2010.**

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33 Funding for grantees with main offices in the United States that are known to use the grant money for work outside the U.S. are counted in the total international figure.

34 See Appendix, page 49 for the full list of countries in each region, based on the UNAIDS definitions of global regions.

35 [www.theglobalfund.org/en/fundingdecisions/?lang=en#9](http://www.theglobalfund.org/en/fundingdecisions/?lang=en#9)

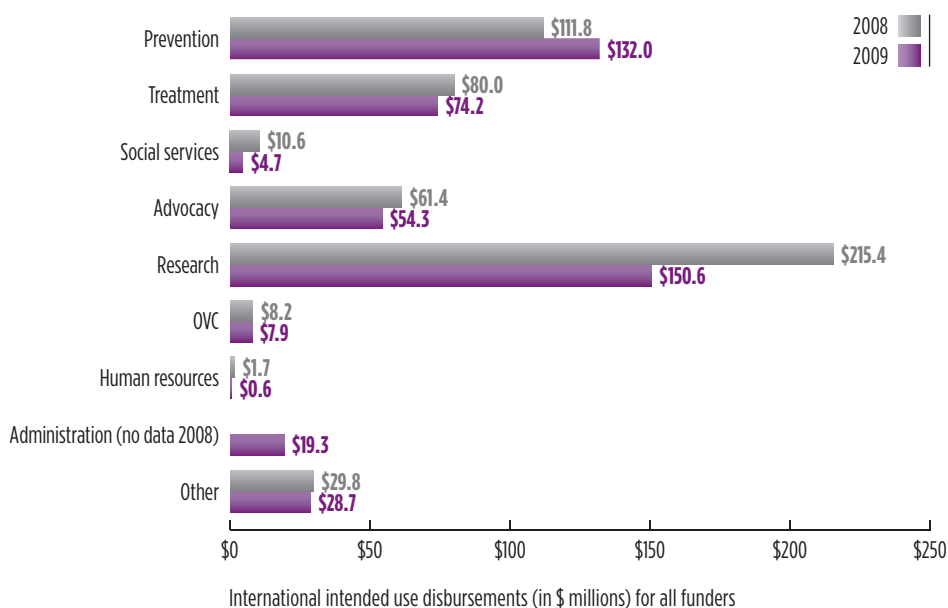
## INTENDED USE OF INTERNATIONAL HIV/AIDS FUNDING

FCAA was able to obtain data on intended use of international HIV/AIDS grants for 39 of the top 67 U.S. HIV/AIDS funders in 2009. The charts below show both the 2008 and 2009 intended use of international funding totals for a year-to-year comparison. Chart 8a shows international intended use disbursements for all funders (including the Bill & Melinda Gates Foundation), while Chart 8b shows international intended use for funders other than the Bill & Melinda Gates Foundation.

For the 2010 survey on 2009 funding, FCAA added an additional intended use category of “Program management and administration” to be in better harmony with the UNAIDS intended use categories.

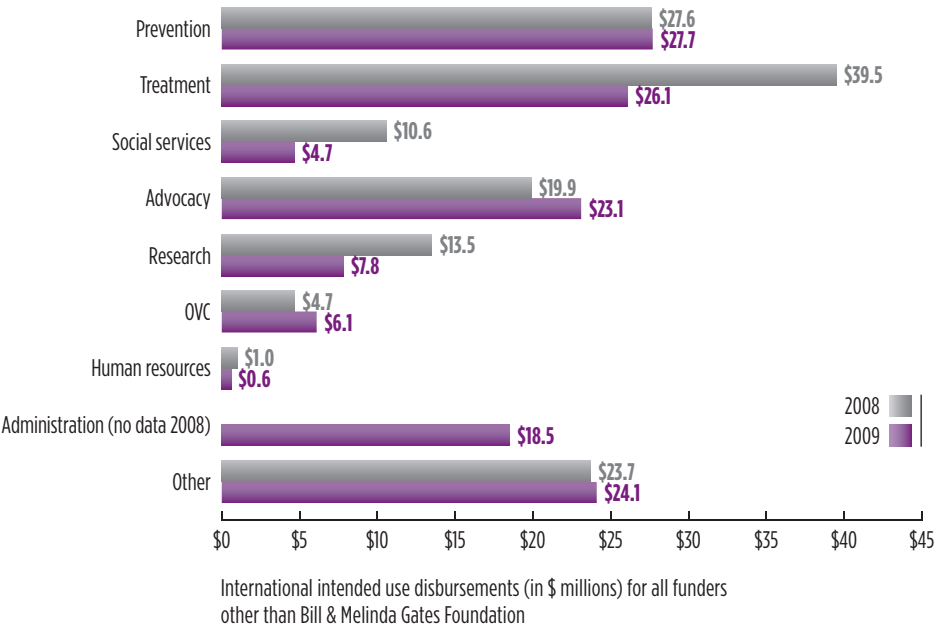
### Chart 8a:

#### International Intended Use of U.S. HIV/AIDS Philanthropic Funding in 2008 and 2009 (All funders)



The “other” category for international intended use includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: funding that fell across multiple categories and could not be broken down, long-term health systems strengthening, building and renovating labs and health care facilities, providing technical assistance to governments and other organizations, conducting regional evaluations, organizational capacity-building, and support for gender and reproductive health programs.

**Chart 8b:**  
**International Intended Use of U.S. HIV/AIDS Philanthropic Funding in 2008 and 2009**  
**(Funders other than the Bill & Melinda Gates Foundation)**



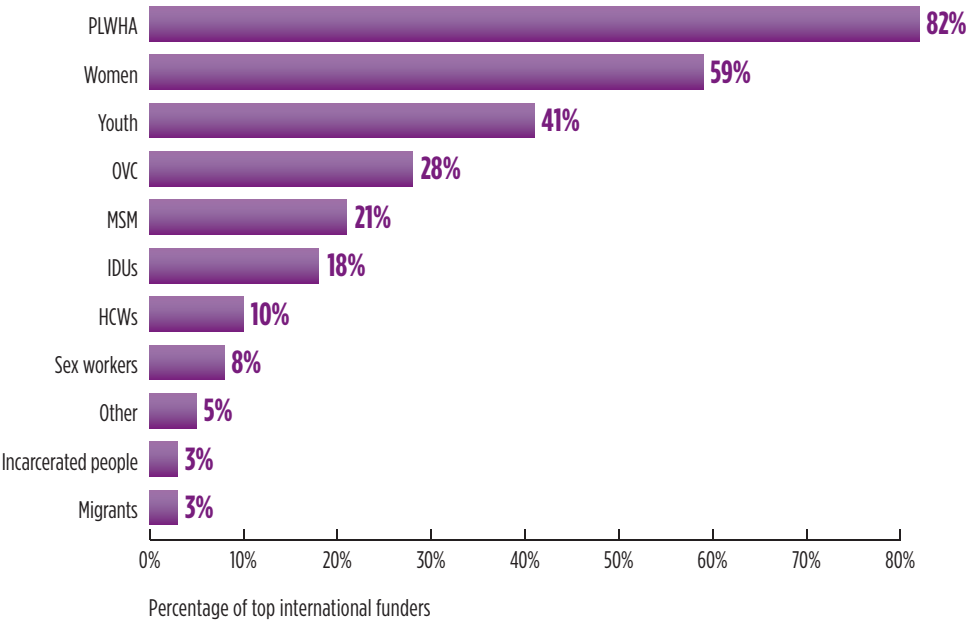
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TARGET POPULATIONS OF INTERNATIONAL HIV/AIDS FUNDING

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their funding. (Some funders reported more than three populations as their main focus, but they were asked to list only the top three target populations of their funding.) Chart 9 shows the percentage of the 39 total respondents that chose each category. The categories are not mutually exclusive.

**Chart 9:**  
**International Target Populations for U.S. HIV/AIDS Grantmaking in 2009**  
(by percentage of 39 top international funders from which target populations data were obtained)



The “other” category for international target populations included responses such as funding for all populations and funding for rural populations.

**HCWs:** Health care workers  
**IDUs:** Injecting drug users  
**MSM:** Men who have sex with men  
**OVC:** Orphans and vulnerable children  
**PLWHA:** People living with HIV/AIDS

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## EXAMPLES OF INNOVATIVE FUNDING AN INTEGRATED APPROACH

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### TIDES AFRICA FUND

Co-developed with the Hewlett Foundation in August 2007, the Africa Family Planning and HIV Integration Fund, or the Tides Africa Fund, seeks to leverage HIV/AIDS funding to support the family planning and reproductive health fields in sub-Saharan Africa that are serving the same populations as the HIV/AIDS providers. The goal of the Fund is to support well-designed existing programs with the ability to measure and share program outcomes of integrated program models, and thus, contribute to the scientific legitimacy of the integration approach.

In alignment with Tides Africa Fund's evidence-based model, selected organizations were required to have existing HIV/AIDS programs and at least solid integration plans, as well as the ability to provide quantitative data on the benefits and constraints of their integration model. In addition, preference was given to those organizations with on-site counseling facilities or peer-led outreach programs.

During the first phase of the project (August 2008), the fund awarded grants totaling more than \$1.3 million to organizations in six different countries, including: Center for Infectious Disease Research (CIDRZ), Zambia; Family AIDS Care and Education Services (FACES), Kenya; Family Health International (FHI), Tanzania; Infectious Disease Institute (IDI), Uganda; IntraHealth International, Rwanda; and Pathfinder International, Mozambique.

Originally the Tides Africa Fund's strategy was designed to target and influence the US President's Emergency Plan for AIDS Relief (PEPFAR) to include stronger linkages between HIV/AIDS and reproductive health services. However, recent changes announced by the Obama Administration's Global Health Initiative (GHI) to prioritize the integration of the previously separate silos of HIV/AIDS, family planning and maternal and child health called for

a new approach. The fund's focus shifted towards providing more information on policy change to its grantee partners; holding discussions on broader integration to leverage and support their current work focused on the GHI and Millennium Development Goals (MDGs); and finally, to increase the visibility and capacity of their grantee partners to take full advantage of the GHI's new focus on country-led programs.

To achieve its goals, Tides Africa Fund brought grantee-partners together as a cohort to develop goals and outcomes for the fund, as well as to share essential information and best practices between organizations. Currently at the six-month mark of phase II, the fund is focused on supporting the capacity and development of its grantee partners. Based on the cohort's recommendations, this includes increased resource development and supporting grantee information-sharing on policy changes and best practices. The fund also supports the cohort to meet on a quarterly basis by phone or in-person, as well as to create a quarterly newsletter to keep grantee partners engaged in the current state of integration. This collaborative approach has yielded additional benefits, with grantee partners recognizing their individual strengths and offering support to other countries. For example, IDI in Uganda provides assistance with fundraising; IntraHealth International in Rwanda helps the grantees navigate working with ministries of health; and FHI in Tanzania shares their skills in curriculum development and networking.

The next phase of the fund will include expanding to grantees from Ethiopia, South Africa and Botswana. Additionally, the fund will work on analyzing and translating its emerging qualitative and quantitative data and then sharing this information with other funders and leaders to promote investments for in-country leadership and integration models.

# FOCUS ON DOMESTIC U.S. HIV/AIDS FUNDING

FCAA identified 25 funders out of the top 67 funders that disbursed \$1,000,000 or more to support domestic U.S. HIV/AIDS programming in 2009.

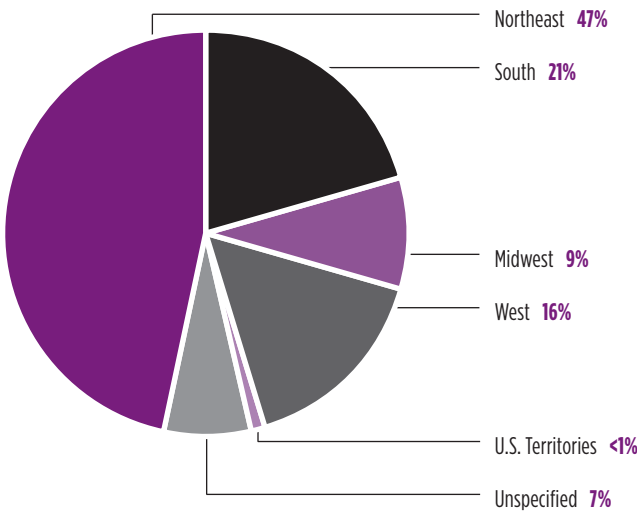
**Table 6:**  
**U.S. HIV/AIDS Funders Disbursing \$1,000,000 or More to HIV/AIDS Projects**  
**Within the U.S. in 2009**  
 (ranked by amount of domestic disbursements)

	Domestic (\$)	% of total HIV/AIDS disbursements by funder
Philip T. and Susan M. Ragon Institute Foundation, MA	18,000,000	100
M•A•C AIDS Fund and M•A•C Cosmetics, NY	10,096,580	52
Merck, NJ	9,131,000	42
Irene Diamond Fund, NY	7,619,943	100
Broadway Cares/Equity Fights AIDS, NY	7,592,800	96
Ford Foundation, NY	5,042,166	18
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company, NY	4,986,789	40
National AIDS Fund, DC	4,853,409	100
Robin Hood Foundation, NY	4,235,000	100
Pfizer Inc and Pfizer Foundation, NY	3,654,555	41
Elton John AIDS Foundation, NY	3,277,002	62
The Foundation for AIDS Research (amfAR), NY	2,445,961	55
GlaxoSmithKline US, NC	2,041,405	100
W. M. Keck Foundation, CA	2,000,000	100
AIDS Foundation of Chicago, IL	1,974,250	97
Robert Wood Johnson Foundation, NJ	1,738,601	100
Wells Fargo, CA	1,724,302	100
Pride Foundation, WA	1,649,132	100
The New York Community Trust, NY	1,518,000	100
Kate B. Reynolds Charitable Trust, NC	1,492,611	100
Tides Foundation, CA	1,418,750	62
Johnson & Johnson, NJ	1,301,000	13
Washington AIDS Partnership, DC	1,270,456	100
Design Industries Foundation Fighting AIDS (DIFFA), NY	1,247,745	100
James B. Pendleton Charitable Trust, WA	1,055,979	100

Chart 10 shows the U.S. regional distribution of domestic HIV/AIDS philanthropic funding. Of the top 67 funders in 2009, FCAA identified a total of 50 that disbursed funds to addressing the U.S. domestic epidemic.

FCAA asks funders to report domestic funding according to where the office of the grantee is located. It is important to note that some funders' grantees conduct HIV/AIDS work outside of the region in which they are based. Therefore, the share of funding given to a domestic region in Chart 10 is only an estimate of the actual funding spent in the region. Approximately 7% of total grantmaking to address U.S. domestic activities tracked by FCAA was not able to be identified by region.

**Chart 10:**  
**Regional Distribution of Domestic U.S. HIV/AIDS Philanthropic Funding in 2009**  
(by percentage of total domestic disbursements)



In comparison with 2008, funding to the Northeast region increased in 2009, from \$40 million to \$53 million. Funding to the South also increased slightly, from \$22 million in 2008 to \$23 million in 2009, as well as funding for the U.S. Territories (from \$0.2 million in 2008 to \$0.4 million in 2009). Funding to the West decreased from \$20 million in 2008 to \$19 million in 2009, and funding to the Midwest decreased from \$12 million in 2008 to \$10 million in 2009. Approximately \$7 million was unable to be specified.

**Table 7:****Top Domestic Funders by U.S. Region in 2009**

(ranked by amount of disbursements to grantees based in each region)

**Northeast**

Philip T. and Susan M. Ragon Institute Foundation, MA	\$18,000,000
Irene Diamond Fund, NY	6,718,631
Broadway Cares/Equity Fights AIDS, NY	5,298,916
M•A•C AIDS Fund and M•A•C Cosmetics, NY	4,304,886
Robin Hood Foundation, NY	4,235,000

**South**

National AIDS Fund, DC	\$2,997,547
Ford Foundation, NY	2,816,500
M•A•C AIDS Fund and M•A•C Cosmetics, NY	2,570,574
Merck, NJ	2,362,000
Kate B. Reynolds Charitable Trust, NC	1,492,611

**Midwest**

AIDS Foundation of Chicago, IL	\$1,974,250
Merck, NJ	1,186,000
M•A•C AIDS Fund and M•A•C Cosmetics, NY	877,026
AIDS Funding Collaborative, OH	602,788
National AIDS Fund, DC	592,000

**West**

Merck, NJ	\$4,895,000
M•A•C AIDS Fund and M•A•C Cosmetics, NY	2,269,094
Wells Fargo, CA	1,352,162
W. M. Keck Foundation, CA	1,000,000
Broadway Cares/Equity Fights AIDS, NY	806,883

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## EXAMPLES OF INNOVATIVE FUNDING

### UNDERSTANDING A CHANGING EPIDEMIC

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#### ELTON JOHN AIDS FOUNDATION

In July 2010 the Obama Administration released the seminal National HIV/AIDS Strategy—a national plan focused on addressing the U.S. epidemic by reducing HIV incidence, increasing access to care, and reducing HIV-related health disparities. The National HIV/AIDS Strategy represents a seismic shift in the way the United States approaches the domestic response to HIV/AIDS, namely, with a renewed focus on reaching populations most at-risk, including gay and bisexual men, African Americans and Latinos—populations that have been disproportionately impacted by HIV/AIDS in the U.S.

The launch of the National HIV/AIDS Strategy has defined roles for the private and public sectors to support and monitor the strategy's implementation, creating new opportunities for leadership within HIV/AIDS-related philanthropy—a sector that has continually evolved their grant making approaches to meet the changing needs of epidemic.

For nearly two decades the **Elton John AIDS Foundation (EJAF)** has done just this by evaluating its grant making priorities within the context of the ever-changing HIV/AIDS epidemic and targeting its grant awards where they will make the greatest impact. One of EJAF's grant making priorities includes addressing HIV among men who have sex with men, a population that, according to the U.S. Centers for Disease

Control & Prevention (CDC), accounted for 57% of new HIV infections in the U.S. in 2006. Below is a spotlight on two of EJAF-USA's paramount funding collaborations and innovative grant making initiatives that address men who have sex with men.

#### National AIDS Fund—Challenge Grants

In 2010 EJAF awarded the National AIDS Fund \$1.3 million to support Challenge Grants to its Community Partnership network. The National AIDS Fund targets this program to reach most impacted regions and demographics in the US while using resources most efficiently. Funds are focused on the most highly impacted populations, specifically men who have sex with men, injection drug users, communities of color, women, and those affected by incarceration; and the most highly impacted geographic areas, specifically large epicenters (i.e. D.C., Chicago, New York City, San Francisco, Los Angeles, Atlanta), the Southern U.S. and Puerto Rico. EJAF Challenge Grants must be matched 2:1 by local funding. Typically the Community Partnership far exceeds the match requirement leveraging approximately \$6 million of additional resources each year. Moving forward this collaboration will make specific investments to spur innovation, and increase the use of evidence and evaluation as a means of building capacity and taking to scale, programs that work.

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### **The Henry J. Kaiser Family Foundation— The *Greater Than AIDS* Campaign**

In 2010 EJAF provided a grant of \$325,000 to the Kaiser Family Foundation for the nationwide Greater Than AIDS campaign, to expand targeted messages focusing on Black gay and bisexual men. The *Greater Than AIDS* movement responds to the AIDS crisis in the United States, in particular the severe and disproportionate epidemic among Black Americans. Through a national media campaign and community outreach, Greater Than AIDS aims to elevate the public's knowledge and understanding of HIV/AIDS and confront the stigma surrounding the disease. Although national in scope, the effort is targeted to communities heavily affected by HIV/AIDS. According to the CDC, the leading cause of HIV infection among Black American men is sexual contact with other men. This project will create and disseminate targeted public service ads to help combat the debilitating stigma that undermines HIV prevention and treatment efforts and among gay and bisexual Black men (with an emphasis in the South). This grant also helps to launch EJAF's new national grant-making initiative focused on further addressing the rise in HIV infection among gay and bisexual men in the U.S. Through this initiative, EJAF will invest over \$1 million in grants for projects that: (1) expand community mobilization for the health and rights of gay men and (2) strengthen gay-friendly clinical and social services.

### **About the Elton John AIDS Foundation:**

Established in the US in 1992 and in the UK in 1993 by Sir Elton John, EJAF is one of the world's leading non-profit organizations supporting innovative HIV prevention programs, efforts to eliminate HIV/AIDS-related stigma and discrimination, and direct care and support services for people living with HIV/AIDS. Together, both entities have raised over \$220 million for worthy programs in 55 countries around the globe since inception.

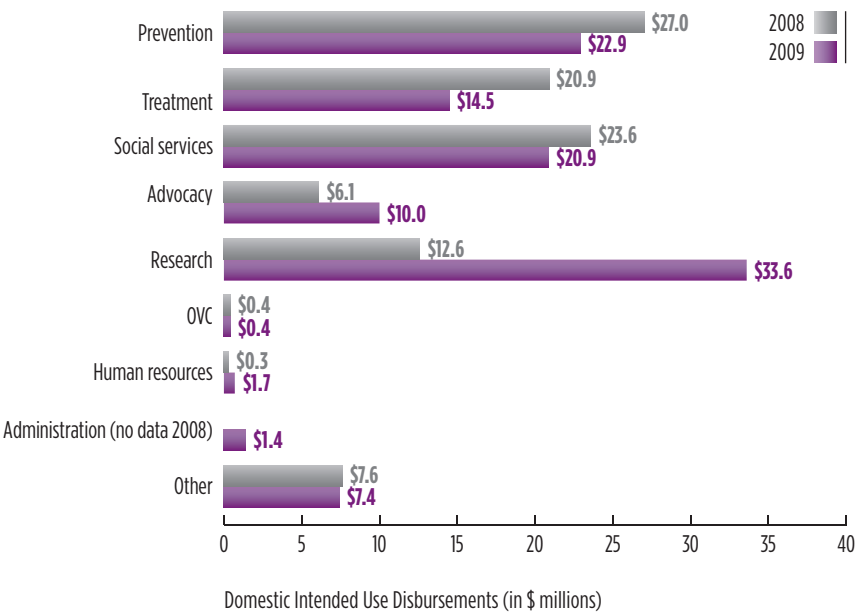
**[www.ejaf.org](http://www.ejaf.org)**

**ELTON JOHN AIDS FOUNDATION** 

INTENDED USE OF DOMESTIC U.S. HIV/AIDS FUNDING

FCAA was able to obtain survey data on intended use of domestic HIV/AIDS grants for 46 of the top 67 U.S. HIV/AIDS funders in 2009. The chart below shows both the 2008 and 2009 intended use of domestic funding totals for a year-to-year comparison.

**Chart 11:**  
**Domestic Intended Use of U.S. HIV/AIDS Philanthropic Funding in 2008 and 2009**

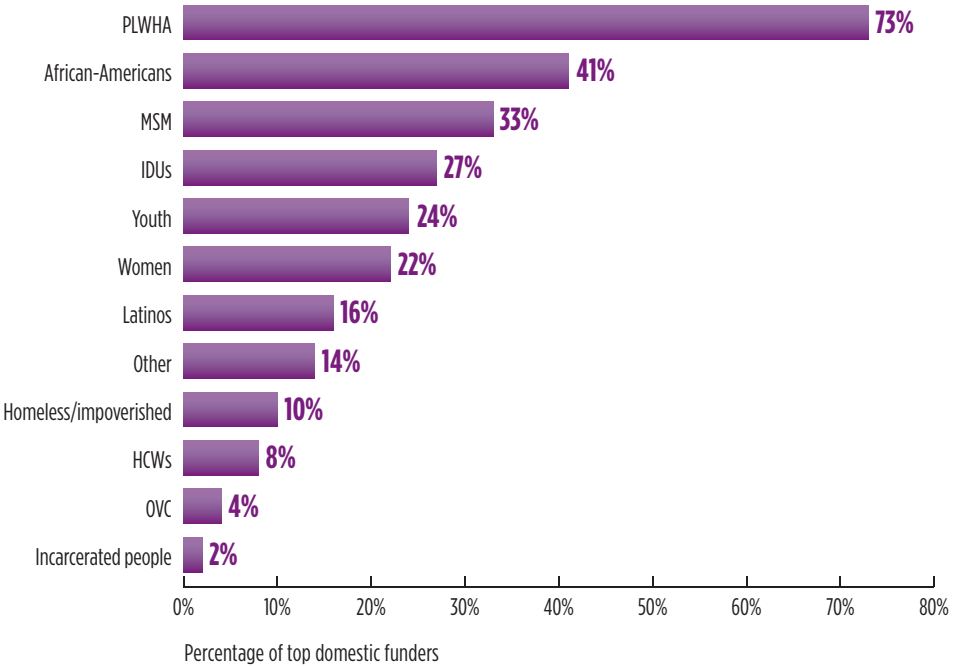


The “other” category for domestic intended use includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: funding that fell across multiple categories and could not be broken down, organizational capacity building, technical assistance, fundraising events and activities, stigma reduction activities, long-term health systems strengthening, and strategic organizational development.



Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their domestic funding. (Some funders reported more than three populations as their main focus, but they were asked to list only the top three target populations of their funding.) Chart 12 shows the percentage of the 49 total respondents that chose each category. The categories are not mutually exclusive.

**Chart 12:**  
**Domestic Target Populations for U.S. HIV/AIDS Grantmaking in 2009**  
(by percentage of 49 top domestic funders from which target populations data were obtained)



The “other” category for domestic target populations included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as medical research not directed to a specific population, and all persons at risk of contracting HIV.

**HCWs:** Health care workers  
**IDUs:** Injecting drug users  
**MSM:** Men who have sex with men  
**OVC:** Orphans and vulnerable children  
**PLWHA:** People living with HIV/AIDS

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## APPENDIX: METHODOLOGY

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### Sources of HIV/AIDS Grantmaking Data

This report covers HIV/AIDS grant disbursements and commitments from all sectors of U.S. philanthropy, including private, family, and community foundations; public charities; corporate grantmaking programs (corporate foundations and direct giving programs); and major U.S. HIV/AIDS grantmaking charities. FCAA included data for 342 grantmaking entities in this report. Data were collected using a variety of sources: 1) a survey tool developed and administered by FCAA to funders, 2) grants databases maintained by the Foundation Center and Foundation Search, 3) funder websites, grants lists and 990 forms, and 4) direct communications with funders. FCAA believes that this multi-faceted approach arrives at a more comprehensive data set of HIV/AIDS funders than can be accomplished using any single data source or any single method of calculation.

### FCAA FUNDER SURVEY

FCAA distributed a survey instrument that asked respondents to describe their HIV/AIDS-related grantmaking disbursements in 2009 (available at [www.fcaaid.org](http://www.fcaaid.org)). The survey was sent to several hundred U.S. funders in March 2010. FCAA staff distributed the survey to a pre-determined list of grantmaking organizations which FCAA determined were most likely to have significant levels of 2009 HIV/AIDS grantmaking and/or were most likely to list HIV/AIDS as a priority funding issue. Staff conducted several rounds of follow-up to secure as much data as possible directly from funders.

Responses to the survey were received from 67 funders, either through fully completed surveys or other communications with foundation staff. Approximately 94% of estimated total HIV/AIDS grantmaking activity is captured by surveys returned to FCAA.

### FOUNDATION CENTER AND FOUNDATION SEARCH DATABASES AND OTHER SOURCES

To capture data for which FCAA did not have survey responses, FCAA conducted further research of U.S. HIV/AIDS funders and 2009 HIV/AIDS grant disbursements using the Foundation Center and Foundation Search grants databases, as well as grantmaker websites, grants lists and 990 forms. FCAA reviewed HIV/AIDS grantmaking totals and notable data set outliers.

It is important to reiterate that 2009 data for the Children's Investment Fund Foundation (US), the Firelight Foundation and Gilead Foundation—all likely to have been top HIV/AIDS funders that year—were not available as this report was being prepared, and are therefore not included.

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## ANALYSIS

### **DEFINITION OF HIV/AIDS PHILANTHROPY**

FCAA was intentionally broad in its definition and selection of U.S.-based HIV/AIDS funders by including the HIV/AIDS philanthropic activity of several large U.S.-based public charities, donor-advised funds, corporate grantmaking programs, and operating foundations. While this report focuses only on U.S.-based funders, it also includes HIV/AIDS grants from foreign offices of U.S.-based foundations that operate internationally, such as the Ford Foundation.

Survey respondents were asked to distinguish as best as possible between domestic (within the United States and for U.S. programs) and international HIV/AIDS efforts. For domestic U.S. grantmaking, FCAA requested regional data based on five U.S. sub-regions, using Northeast, South, Midwest, West, and U.S. territories categories as defined by the U.S. Census Bureau and used by CDC and other federal agencies.<sup>36</sup> For internationally focused HIV/AIDS grantmaking, FCAA requested data about where the grantee was located, using the following global regions as defined by UNAIDS:<sup>37</sup>

#### **Caribbean**

Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, French Guyana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherland Antilles, Puerto Rico, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, U.S. Virgin Islands

#### **Latin America**

Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela

#### **Western and Central Europe**

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Vatican City

#### **Eastern Europe and Central Asia**

Armenia, Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

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<sup>36</sup> U.S. Census Bureau. "Census Regions and Divisions of the United States" Online: [www.census.gov](http://www.census.gov)

<sup>37</sup> [www.unaids.org](http://www.unaids.org)

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### **West and Central Africa**

Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo (Brazzaville), Congo (DR), Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Guinea (Conakry), Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Togo

### **East and Southern Africa**

Angola, Botswana, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

### **North Africa and the Middle East**

Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territories, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

### **South Asia and the Pacific**

Australia, Bangladesh, Bhutan, Fiji, India, Maldives, Nepal, New Zealand, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Timor-Leste

### **East Asia and South East Asia**

Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao People's Democratic Republic, Korea (DPR), Korea (Republic), Malaysia, Mongolia, Myanmar, Philippines, Singapore, Thailand, Vietnam

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FCAA also asked about the intended use of HIV/AIDS grants disbursed both inside and outside the United States, using the following nine categories:

- HIV/AIDS awareness and prevention (including harm reduction);
- HIV/AIDS-related treatment and medical care (including provider and patient treatment information);
- HIV/AIDS-related social services (e.g., housing, employment, food, legal);
- HIV/AIDS public policy, advocacy and communications (including human rights programs);
- HIV/AIDS research (including medical, prevention and social science research);
- Orphans and vulnerable children;
- Human resources (e.g., training, recruitment and retention of health care workers);
- Program management and administration (e.g., core support); and
- Other

FCAA also asked funders to identify the three population groups that benefit the most from their domestic and/or international funding. The tally of responses listed in this report captures the number of funders focusing on particular groups, not the relative share of actual funding dedicated to addressing these groups.

### **DISBURSEMENTS VS. COMMITMENTS**

FCAA uses funders' disbursements rather than funding commitments to calculate distribution of total funding by geographic region, intended use and other details. The reliance on disbursement data for funding details harmonizes the report with other resource tracking projects.

Disbursements are the amount of funding expended on grants/projects in a given year and may include funding from commitments made in prior years as well as in the current year. Commitments are funding budgeted for grants/projects in a given year, whether or not the funds were disbursed in that year. For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.

### **CALCULATIONS OF RE-GRANTING**

To avoid counting the same funds twice, data in this report are adjusted to account for known re-granting. Re-granting refers to funds given by one FCAA-tracked grantmaker to another for the purposes of making HIV/AIDS-related grants. The 2009 aggregate total grantmaking for all funders was adjusted downward by \$14,965,747 to account for known re-granting. This adjustment represents approximately 2% of the total estimated 2009 HIV/AIDS grant disbursements. The re-granting figures are estimates based on direct communications with funders following review of FCAA survey and Foundation Center and Foundation Search data. The true re-granting total is likely slightly higher than the total used for calculating the 2009 total.

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### LIMITATIONS

FCAA's data may differ from other data on HIV/AIDS philanthropy in several ways:

1. The use of multiple data sources is the main way FCAA seeks to ensure the accuracy of the information presented in its report. However, such reliance also presents challenges in reconciling the different methodologies—each of which has its respective advantages and limitations—applied to obtain information about grantmaking and philanthropic support activity.
2. Missing data/under-reporting: FCAA recognizes that its data for 2009 HIV/AIDS grantmaking are likely to have missed HIV/AIDS disbursements from some institutions for which FCAA had no information or incomplete or unverified data. FCAA was also unable to collect data from some of the philanthropic organizations that did not respond to the survey, in addition to institutions for which data were unavailable from the Foundation Center, Foundation Search, or other sources.

In the case of corporations, although federal law makes a corporation's tax returns open to the public, businesses are not otherwise legally required to disclose details about corporate philanthropic giving. Thus, determining levels of corporate philanthropic efforts are more challenging than estimations of private foundation/public charity giving. Moreover, corporations are neither required nor always able to place a value on the many forms of other support they can and do offer, such as volunteer efforts by their employees, in-kind donations, cause-related marketing, and similar activities.<sup>38</sup> Finally, philanthropic support is often not collected centrally within corporations and may be higher than reported in this publication.<sup>39</sup>

3. The definition of HIV/AIDS-related philanthropy in the survey was intentionally inclusive and broad, in acknowledgement of the fact that such efforts often overlap with many other issue areas of philanthropy. Several respondents chose a restricted definition and reporting of HIV/AIDS-related grantmaking, excluding grants that were not wholly focused on HIV/AIDS efforts.

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38 See also Committee to Encourage Corporate Philanthropy, "The Corporate Giving Standard: A Measurement Model for Corporate Philanthropy," which aims to establish methods of accounting for corporate contributions: [www.corphilanthropy.org](http://www.corphilanthropy.org).

39 According to the National Committee for Responsive Philanthropy, an estimated 50% of corporate philanthropy is undisclosed to the American public. National Committee for Responsive Philanthropy. *The NCRP Quarterly*, Summer 2003, p 7.

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## OTHER TYPES OF HIV/AIDS SUPPORT

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The data in this report represent financial contributions only from HIV/AIDS funders, in the form of external grants and programs. Such financial contributions can be used to conduct a trend analysis because they are quantifiable as monetary amounts and are measurable in a clear and distinct way. However, many funders contribute in other important ways that are not as easily quantifiable or measurable. Some examples are noted below.

### **PRIVATE OPERATING FOUNDATIONS**

Private operating foundations are those specifically designated as such by the Internal Revenue Service (IRS). They use the bulk of their resources to run their own charitable programs and make few, if any, grants to outside organizations. In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs.

The Henry J. Kaiser Family Foundation is one example of a private operating foundation that is not able to identify and report HIV/AIDS-specific funding. Nevertheless, it is a leader in providing resources to support its own critical HIV/AIDS policy, media and communications programs. The Kaiser Daily HIV/AIDS report, HIV/AIDS fact sheets, polls, and analysis and research on policies and funding have served an invaluable role as leading sources of information for the field. The foundation also uses media to reach at-risk populations (as part of the Global Media Initiative), and aims to facilitate creative partnerships between advocates and policymakers to build capacity in HIV-affected communities.

### **CORPORATE PROGRAMS**

Several corporations that operate HIV/AIDS programs are not willing or able to report those programs financially. In some cases, corporations do not centrally or specifically track HIV/AIDS expenditures and therefore reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as in sub-Saharan Africa) support workplace programs that provide HIV/AIDS services to employees, sometimes extending those services to employees' families or all community members. These HIV/AIDS-specific services are usually offered with other health services at a corporate facility's on-site clinic. As such, quantifying the monetary value of specific HIV/AIDS services for a corporation with facilities in several countries is very difficult and is usually not available.

In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

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### IN-KIND DONATIONS

FCAA offers funders the option of reporting donations of goods and services that are not or cannot be valued monetarily. Some reported examples are noted below, illustrating the diversity of support:

- **Abbott and Abbott Fund:** Provision of the Determine brand of rapid diagnostic tests for Abbott's prevention of vertical transmission program
- **Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Company:** In 2009, grantees and partners from Bristol-Myers Squibb's Secure the Future program continued to provide technical support to organizations, governments and communities in Africa on governance, financial management, food security and income generating activities. As part of its Technical Assistance Program, Secure the Future deploys a faculty of more than 50 experienced managers and implementers to work alongside community-based HIV/AIDS organizations and provide highly customized assistance. The faculty comprises program managers; field workers; researchers; practitioners in the care of orphans and other vulnerable children, community mobilization and capacity building; and experts in the fields of monitoring and evaluation. In addition to the Technical Assistance Program, Bristol-Myers Squibb also provides HIV/AIDS medicines at no profit pricing in least developed countries.
- **Children Affected By AIDS Foundation:** Toy distribution for children impacted by HIV in the United States, with an estimated value of \$250,000; and special event tickets for children and families in the U.S., with a value of \$25,000.
- **Design Industries Foundation Fighting AIDS (DIFFA):** Home furnishings valued at \$150,000, decorative accessories valued at \$90,000, gift industry items valued at \$75,000, travel vouchers valued at \$25,000, and clothing valued at \$50,000.
- **M•A•C AIDS Fund and M•A•C Cosmetics:** Donation of approximately \$19,566.50 (retail value: \$216,860.00) in cosmetics to HIV/AIDS organizations in North America. M•A•C makeup artists also participate in the M•A•C Good Spirits program, where they volunteer their time to teach men and women with HIV/AIDS simple makeup techniques to help them enhance their appearance and minimize problems resulting from the illness or medication regimens. The program aims to encourage those living with HIV/AIDS to be active in promoting their own health and well-being. In 2009, 51 Good Spirits events were held in North America providing more than \$1 million in donated services and staff time to over 3,202 people affected with HIV/AIDS.
- **Pfizer Inc and Pfizer Foundation:** As part of its Global Health Fellows Program, highly skilled Pfizer employees such as physicians, nurses, lab technicians, marketing managers, financial administrators and health educators have visited 39 different countries to work with and transfer skills to local partners and NGOs and improve health care. Assignments have ranged from helping hospitals improve data collection and information technology to providing clinical training for health care workers and supporting the expansion of services of local clinics. Pfizer also provides donations of the medicine Diflucan (fluconazole) from Pfizer Inc to governments and NGOs in developing countries, and materials to support patient education and health care worker training.



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### **FUNDERS WITH A BROADER FOCUS**

In some cases, funders choose to support projects across broad focus areas, such as health systems strengthening or sexual and reproductive health, where funding for HIV/AIDS would only be a part of a grant or project. FCAA asks funders to report a project or grant if a significant aspect is focused on HIV/AIDS; however, some funders may not be able to separately quantify specific HIV/AIDS funding. Of course, all HIV/AIDS interventions are important and should be encouraged, including the more broad approaches, even though they are difficult to track.

### **OTHER SOURCES OF SUPPORT**

Community programs, research institutions, hospitals, clinics, counseling centers, churches, homeless shelters, orphanages, private individual donors, and anonymous donors all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, they are highly valuable contributions.

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